NOV 14 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 35543

Registered No.

1. PLACE OF DEATH

County Clay — Registration District No. 198

Township ~~Fishing River~~ — Primary Registration District No. 30 11

City Excelsior Springs, Mo. (No. V.A. Facility St. 3d Ward)

2. FULL NAME COLLINS, Ray

(a) Residence, No. VAF, Excelsior Springs, Mo St., Ward. Moberly, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Anna Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX

10. Date deceased last worked at this occupation (month and year) XX

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Robert Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Fannie Blythe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT V.A. Facility Record s
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo. DATE Oct. 6 1934

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED 10-6-1934 Mrs Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, 19..., to October 6, 1934, 19... I last saw him alive on October 5, 1934, 19... Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced with cavitation	
2 3d	

Other contributory causes of importance: non

Name of operation none Date of XX

What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? non

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury ..., 19...
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
XX
Manner of injury XX
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? XX
If so, specify
(Signed) H. C. Hardegree, M. D.
(Address) Excelsior Springs, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD