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.

NOV 13 1934

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

Do not use this space.

36135

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 10 or
City KANSAS CITY (No. 4401-EAST-23 RD St. Ward)

File No.
Registered No. 4638

2. FULL NAME "Doc" ANDREW THOMAS ROLLINS
(a) Residence, No. 4401-EAST-23 RD St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MARY BELLS ROLLINS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-28-1862

7. AGE: YEARS 72 — MONTHS 0 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SUPERINTENDANT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DETENTION HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER
13. NAME JOHN T. ROLLINS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE KENTUCKY

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. BERTHA CORBIN 4401-EAST-23 RD ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE OCT-18, 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMERS SONS 2111-EAST-9TH ST

20. FILED 10-18, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1934 to Oct. 16, 1934
I last saw him alive on Oct 15, 1934. Death is said to have occurred on the date stated above, at 12:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage 82A 97 82a	10/1/34

Other contributory causes of importance:
Arteriosclerosis cerebral vessels

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. R. Greenlee, M.D.
(Address) 405 Wirthman Bldg

402 Wirthman Bldg

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