108
2
7

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

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 15 1934

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

Do not use this space.

38300

1. PLACE OF DEATH
County Vernon
Township ~~Center~~
City Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 207

2. FULL NAME Donald Fletcher Collins
(a) Residence, No. 1408 W Hickey St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1856

7. AGE YEARS 78 MONTHS 8 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drayman
10. Date deceased last worked at this occupation (month and year) June 1-1934
11. Total time (years) spent in this occupation Dont Know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Illinoise

FATHER
13. NAME Peter Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Sarah Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) George Collins Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moore Cemet DATE Oct 19, 1934

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED Oct. 19, 1934 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1934 to Oct 17, 1934
I last saw him alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart Disease	
c̄ Myocardial failure	3+yrs
139	
95B	
93D	

131

Other contributory causes of importance:

Auricular fibrillation	6 wks
Ch. Nephritis c̄ Edema	6 mo

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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) R. B. Wray, M. D.
(Address) Nevada Mo

DEC 6 1957

Item #2 corr. by aff. from fun. home - 12-7-76

NOV 15 1934

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

Do not use this space.

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City Nevada (No. ... St. ... Ward)

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7. AGE: YEARS 78 MONTHS 8 DAYS 11 If LESS than 1 day, ... hrs. or ... min.

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10. Date deceased last worked at this occupation (month and year): June 1-1934
11. Total time (years spent in this occupation): Dont Know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know Illinoise

FATHER
13. NAME: Peter Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Sarah Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

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(Address) Nevada Mo

12-2-76