

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

Do not use this space.

43309

JAN 7 8 1935

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kansas City Primary Registration District No. 1002
 City Kansas City (No. Menorah Hosp.) St. _____ Ward _____

2. FULL NAME William Arlie Collins
 (a) Residence, No. 87th + Spring Valley Rd. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
55 0 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. S.W. Bell Tel. Co.

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

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) Farmington Missouri

13. NAME George C. Collins

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

15. MAIDEN NAME unknown

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

17. INFORMANT Elin Collins
 (ADDRESS) 87th + Spring Valley Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE Dec 22, 1934

19. UNDERTAKER George Clawson
 (ADDRESS) Independence mo

20. FILED 12-31, 1934 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1934 to 12-19, 1934
 I last saw him/alive on 12-19, 1934 Death is said to have occurred on the date stated above, at 2:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Right Left Lobar pneumonia with acute endocarditis
 Date of onset 12/13/34
 Other contributory causes of importance: Mitral Stenosis

Name of operation Autopsy Date of _____
 What test confirmed Autopsy Was there an autopsy? yes

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) W. H. Stables, M. D.
 (Address) Raytown Mo

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.

100-11-12-35

