

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

Do not use this space.

JAN 10 1935

44101

**1. PLACE OF DEATH**

County Randolph Registration District No. 735 File No. 44101  
Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 252  
City Moberly mo (No. McBarnick Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Remick mo  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12<sup>th</sup> 1860</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>0</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	<u>Farmer</u>
	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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>mo</u>
	13. NAME	<u>Hugh Collins</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ky</u>
	15. MAIDEN NAME	<u>Mary King</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ky</u>

17. INFORMANT R B Collins  
(ADDRESS) Moberly mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Moberly mo DATE Dec 26<sup>th</sup> 1934

19. UNDERTAKER Moberly mo  
(ADDRESS) Moberly mo

20. FILED 12/26 1934 Virginia Walker  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934, to Coroner Cal, 1934

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 3:47 P.M.

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

Struck by and Automobile -  
Broken back. Broken right ankle  
Compound Fracture Left Tibia  
Died in 3 hours after being  
struck in McConner Hosp.  
Cause of death - Shock  
from being injured

Name of operation \_\_\_\_\_ 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? accident Date of injury 12/24, 1934

Where did injury occur? Kennett, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Highway # 63

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify \_\_\_\_\_

(Signed) J. M. Maddox (Coroner) M.D.

(Address) Moberly 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.

