

FEB 19 1935

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

Do not use this space.

1327

1. PLACE OF DEATH *Little Christen of the Poor*
 County.....*Law*..... Registration District No. *399*
 Township.....*Law*..... Primary Registration District No. *1002*
 City *Kansas City Mo.* (No. *5331*) *Highland Ave* St. Ward)

2. FULL NAME *Richard Collins*
 (a) Residence, No. *5331 Highland Ave.* St. 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) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 86 years.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Little Christen of the Poor*

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) *Ireland*

13. NAME *Denis Collins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Mary Mc. O'Loone*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *White Benedict*
 (ADDRESS) *5331 Highland Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mary's* DATE *Jan 16 1935*

19. UNDERTAKER *Griffin & Tison Co*
 (ADDRESS) *New Kansas*

20. FILED *Jan 15 1935 M. M. Cerdone*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 14 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 6 1935* to *Jan 14 1935*
 I last saw him alive on *Jan 13 1935*. Death is said to have occurred on the date stated above, at *9-15 P.M.*

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

Pneumonia Right Siver Lobe Date of onset

Other contributory causes of importance:
Chronic nephritis 2 years

Name of operation..... Date of.....
 What test confirmed diagnosis *Autopsy* 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?.....
 If so, specify *Paul W. Bourke*
 (Signed)....., M. D.
 (Address) *409 Bryant Bldg*

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.

THIS IS A PERMANENT RECORD

