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.

100M-11-24-33

DEC 12 1935

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

Do not use this space.

38013

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4615 McPherson St. ..... Ward)

File No. ..... Registered No. 10025

2. FULL NAME John J. Collins

(a) Residence, No. 4615 McPherson St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Mary Frances White Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18-1861

7. AGE: YEARS 74 MONTHS 6 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.: Pres.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Modern Heating Co.

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): Milwaukee

FATHER

13. NAME: James Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Delaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs Mary Collins 4615 McPherson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Dec 1 1935

19. UNDERTAKER (ADDRESS): Larry Mullen Und Co. 5165 Delmar Blvd.

20. FILED NOV 29 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1935, to 11-29, 1935

I last saw h. ~~im~~ alive on 11-29, 1935. Death is said to have occurred on the date stated above, at 5 A m.

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

paralysis agitans = cardio-vascular-renal syndrome

46

Date of onset

Other contributory causes of importance:

partial bowel obstruction from undetermined cause. Probably ca of sigmoid.

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) C H Denny MD, M. D.

(Address) 611 Olive St. Louis, Mo.

RR 24 ...
Bs 0942-
1145-2