FEB 19 1936

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

Do not use this space.

2002

1. PLACE OF DEATH
County Lewis Registration District No. 479
Township LaBelle Primary Registration District No. 4288
City LaBelle (No. ..... St. ..... Ward)

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

2. FULL NAME Segel Collins
(a) Residence, No. ..... 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1863

7. AGE: Years 72 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Ill.

FATHER
13. NAME Joel Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Rhevanna Horton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mrs. Segel Collins LaBelle Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LaBelle Cem. DATE Jan. 14 1936

19. UNDERTAKER (ADDRESS) Jimmy T. Cole & Sons LaBelle Mo

20. FILED 1/13 1936 J L Bourne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-1st, 1935, to Jan. 18, 1936
I last saw him alive on Jan 18th, 1936. Death is said to have occurred on the date stated above, at 1:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	Yrs. 1936

Other contributory causes of importance

162

Name of operation ✓ Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? .....

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) A H Leland, M. D.
(Address) La Belle 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.

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