

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.

NOV 23 1936

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

Do not use this space.

5-286-4

1. PLACE OF DEATH

County Douglas
Township Richland
City (No.) St. Ward

Registration District No. 957
Primary Registration District No. 5396

File No.
Registered No. 7

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 4 mos. 13 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child (Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Douglas Co

13. NAME Ernest Loyd Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co

15. MAIDEN NAME Hettie Collins

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

17. INFORMANT Ernest Collins (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Little Zion DATE 2/16 1936

19. UNDERTAKER O. V. Osborn (ADDRESS)

20. FILED Oct. 30, 1936 Faye Thornton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1936 to 2/14 1936

I last saw him alive on 2/14 1936 Death is said

to have occurred on the date stated above, at 11 P. m.

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

lobar pneumonia

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? 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

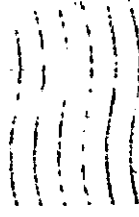
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. A. Osborn M. D.

(Address) Douglas Co



Fay Thornton
Roosevelt
Mr.