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.

SEP 29 1936

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

Do not use this space.

31139

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.: 1005

City: Kansas City (No. General Hospital St. 1005 Ward)

2. FULL NAME Buford Collins

(a) Residence, No. Harlem Missouri St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1918

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
18	7	22	

OCCUPATION

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

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) Mo

FATHER

13. NAME Roland Collins

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

MOTHER

15. MAIDEN NAME Hazel Wadley

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

17. INFORMANT Roland Collins
(ADDRESS) No Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Aug 25 1936

19. UNDERTAKER Morton Funeral Home
(ADDRESS) No Kansas City Mo

20. FILED 8-25 1936 M M Crowe asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 p.m.

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

	Date of onset
Automobile hemorrhage	
Fracture of the skull	

Other contributory causes of importance:

Name of operation ..... Date .....

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 8/22/36
Where did injury occur? H & B Bldg N. Y. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in home, in factory, or in public place.
Manner of injury Struck by Auto Car
Nature of injury .....

24. Was disease in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ....., M. D.

(Address) .....