

MAR 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

4 County Audrain  
Township Salt River  
7 City Mexico (No. \_\_\_\_\_)

Registration District No. 26  
Primary Registration District No. 3002

File No. 4857  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Monte Collins

(a) Residence, No. 620 W. Jackson 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 <u>MALE</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>about 50</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>General Labor</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain13. NAME Robert Collins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County15. MAIDEN NAME Mary King16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County17. INFORMANT Mrs Lottie Davis  
(ADDRESS) 620 W. Jackson St. Mexico Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 2-1419. UNDERTAKER A. J. Bector  
(ADDRESS) 703 E. B. R. K. J.20. FILED 2-14 19 Blanche Neely  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-193722. I HEREBY CERTIFY, That I attended deceased from 1-20, 1937, to 2-11, 1937I last saw him alive on 2-11, 1937. Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Influenza110Other contributory causes of importance:  
Acute myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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? NoIf so, specify A. J. Bector(Signed) \_\_\_\_\_, M. D.  
(Address) Mexico, 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.

