

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.

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Atchison
Township East Kansas
City Beaumont (No.)

Registration District No. 4
Primary Registration District No. 4001

File No. 10961
Registered No. 46
St. Ward)

2. FULL NAME

Charles W. 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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvia Collins</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 9" 1874</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>24</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>			
	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) <u>1-9-34</u>		11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>				
MOTHER FATHER	13. NAME <u>J. Mal Collins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
	15. MAIDEN NAME <u>Amelia Daugherty</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
17. INFORMANT <u>Mrs. Chas W. Collins</u> (ADDRESS) <u>Beaumont</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Harmony</u> DATE <u>3/5" 1937</u>				
19. UNDERTAKER <u>F. R. Emaley</u> (ADDRESS) <u>Beaumont Mo.</u>				
20. FILED <u>Mar. 8 1937</u> <u>Spencer Freeman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3" 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1936 to Mar. 3 1937
I last saw him alive on Mar. 3 1937. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
121
Extremely High Blood Pressure
Date of onset 2003
7-20-07

Other contributory causes of importance:
Extremely High Blood Pressure

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) H. M. Humphrey, M. D.
(Address) Beaumont Mo.

