APR 22 1937

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

Do not use this space.

12780

1. PLACE OF DEATH

County Newton 73 3 Registration District No. 609 File No.

Township 4 Primary Registration District No. 4363 Registered No. 25

City Neosho (No. , Sale Hospital St. Ward)

2. FULL NAME William Robert Rollins

(a) Residence, No. St., Ward. Noel, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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: Mary Lee Rollins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1870

7. AGE: 66 YEARS | MONTHS: 1 | DAYS: 18 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Carrier
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): Franklin County Alabama

FATHER

13. NAME: William Rollins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Arrie Strong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): Mrs. W. R. Rollins Noel, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson, Mo. DATE Jan. 29 1937

19. UNDERTAKER (ADDRESS): Chas. Williams Goodman, Missouri

20. FILED 4-5 1937 Onal A Sale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1937, to Jan. 28, 1937

I last saw him alive on Jan. 28, 1937. Death is said to have occurred on the date stated above, at 4:30a.

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

Bronchial pneumonia and developed double lobar pneumonia

Date of onset

Other contributory causes of importance:
Influenza and chronic encocarditis

Name of operation None Date of

What test confirmed diagnosis? Labratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury

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

(Signed) Onal A Sale, M. D.
(Address) Neosho, 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.