

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 16125

Township

Primary Registration District No. 3014

Registered No. 179

City Jefferson City

(No. Saint Mary's Hospital)

St. _____ Ward _____

2. FULL NAME Charles Edward Collins

(a) Residence, No. Pauline, Kansas 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1937 to 4-18, 1937

I last saw him alive on 4/18, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 61 0 5

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

210M
Fractured Skull
Other contributory causes of importance:
no cooperation = ran of road
Auto accident
S. Frank. Cole County 217
Date of onset 4/18/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ind.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles Collins Pauline, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Council Grove, Kan. DATE April 19, 1937

19. UNDERTAKER (ADDRESS) John F. Heinrichs Jefferson City, Mo.

20. FILED 4/19/1937 Hubert J. M.D. Registrar.

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? accident. Date of injury 4.18.1937. Where did injury occur? Public highway Cole Co. Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Car ran off road
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify no
(Signed) M. D. M. D.
(Address) J. Collins

