

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.

AUG 11 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Free
City W. Salem

Registration District No. 399
Primary Registration District No. 1002
(No. 1728 Campbell)

File No. 2126487
Registered No. 3100
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1728 Campbell Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1889

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
31 50 2 0

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

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) Kansas

13. NAME Jack Collins

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

15. MAIDEN NAME May Lamb

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

17. INFORMANT Louis Collins
(ADDRESS) Barberville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE July 30 1937

19. UNDERTAKER Sam Campbell
(ADDRESS) 7119 E. 11th St

20. FILED July 30, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20-1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw him alive on _____ 19____
Deputy Coroner

to have occurred on the date stated above, at 5:25 AM 1937.

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

Chronic fibrous myocarditis
Acute pulmonary edema

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (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? no

If so, specify _____ (Signatures) Lucian Richardson, M. D.

(Address) 1832 Vine

