

AUG 30 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Putnam  
Township York  
City Powersville, Mo. (No. .... St. .... Ward)

Registration District No. 224  
Primary Registration District No. 5953

File No. 28141  
Registered No. ....

## 2. FULL NAME

Bliphlet Collins,

(a) Residence, No. .... St. .... 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 1858

7. AGE YEARS 79 MONTHS 2 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

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

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) June, 10, 1937 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County, Iowa.13. NAME Henry Collins,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary Jane Slavens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT Morrison Collins, (ADDRESS) Clio, Iowa.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Powersville Cem. DATE July, 14, 193719. UNDERTAKER Beary-Statton Co., (ADDRESS) Powersville, Mo.20. FILED July 22 1937 Mrs. D. W. Pollock Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 193722. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 13, 1937

I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 11:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset

Due to peritonitis and congestion

Other contributory causes of importance:

Name of operation 1220 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 3

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

(Signed) L. W. McDonald M. D. O.  
(Address) Powersville, 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.

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MAY 1952  
GENERAL INVESTIGATION  
DIVISION  
WASHINGTON, D. C.

MEMORANDUM  
TO : SAC, NEW YORK  
FROM : SAC, PHOENIX  
SUBJECT: [Illegible]

RE: [Illegible]

PHOENIX

PHOENIX, ARIZONA  
MAY 1952

PHOENIX

PHOENIX

PHOENIX

PHOENIX

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

28141

Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 724  
(b) Township York Primary Registration District No. 3955  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. ....

2. PRINT FULL NAME Eliphlet Collins

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 2 2

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the day specified above, at..... m.

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

Intestinal obstruction  
Due to hernia and congestion.

Other contributory causes of importance:

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) L. W. McDonald, M.D.

(Address) Powersville, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

S-28141