

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

REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Douglas  
Township Richland  
City Richland (No.       )

Registration District No. 957  
Primary Registration District No. 5396

File No. 21762  
Registered No. 8

2. FULL NAME

(a) Residence, No. Jerry Collins  
(Usual place of abode)

St.        Ward.       

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs.        mos.        ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-38

7. AGE YEARS — MONTHS 1 DAYS 11 If LESS than 1 day,        hrs.        min.

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

13. NAME Donnel Oren Collins  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haskell Co. Mo.

15. MAIDEN NAME Pharoy Mable Johnson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Douglas Co.

17. INFORMANT (ADDRESS) Donnel Oren Collins  
Belmont Ave. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Horton DATE May 2 1938

19. UNDERTAKER Lusie Guelke  
(ADDRESS) Belmont Ave. Mo.

20. FILED June 2 1938 Jayk Pharoan  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1. 1938

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

I last saw h.        alive on       , 19      . Death is said

to have occurred on the date stated above, at        m.

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

No medical attendant  
Bowel trouble  
Other contributory causes of importance: 11912

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) Jayk Pharoan Local  
(Address) Horton, Mo.

