

REC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH21763
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 957
 (b) Township Richland Primary Registration District No. 5396
 (c) City _____ (d) Street No. _____ St.
 (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.

2. PRINT FULL NAME

Orville M. Collins 1452
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Maye Collins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 6, 1910
 7. AGE YEARS 28 MONTHS 1 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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. Farmer
 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) Howell Co Mo

13. NAME Dan M. Collins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Belle Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ira Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Zion DATE June 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Chas. E. Gohman
Salisbury Ave. S.W.

20. FILED June 30, 1938 Faye Thornton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938 to June 25, 1938
 I last saw him alive on June 25, 1938. Death is said to have occurred on the date stated above, at 1:20 A. M.
 The principal cause of death and related causes of importance were as follows:

Slight fever Date of onset 6-22

Other contributory causes of importance:
Unrelenting Angina
Acute hemolytic anemia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
 If so, specify _____ (Signed) E. Royce Gohman, M. D.
251 (Address) West Plains, Mo.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)