REC'D SEP 13 1938

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

27970
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No.
(b) Township Kaw Primary Registration District No. Registered No. 3281
(c) City Kansas City Mo (d) Street No. 824 E 8th st in Reaer 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 Georgie Collins 452
(a) Residence, No. 824 E 8th st in Reaer St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1894
7. AGE YEARS 44 MONTHS 0 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Home
10. Date deceased last worked at this occupation (month and year) (a) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

FATHER
13. NAME Ide Gaskin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Mary Reed.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Mary Low 2202 Euclid ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE Aug 20, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. E. Graham Fun Home 2208 Vine st.
20. FILED Aug 19, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19.., to ....., 19.. I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 11:20 P.m.
The principal cause of death and related causes of importance were as follows:
Acute Alcoholism
Date of onset
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) Russell W. Bent, M. D.
(Address) Kansas

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, B. L. Graham

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed B. L. Graham

Licensed Embalmer No. 254 P

P. O. Address 2208 Vine St.

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.)

If this body is not embalmed, above space should be left blank.