

REC'D SEP 27 1938

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

Do not use this space.

29451

1. PLACE OF DEATH

County Marion Registration District No. 1040  
Township Miller Primary Registration District No. 6276  
City Dixon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 5

2. FULL NAME Buddy Rollins

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — — 2 — 20 —

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) Dixon Mo.

13. NAME Henry Rollins

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

15. MAIDEN NAME Opal Gornall

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

17. INFORMANT Henry Rollins (ADDRESS) Wagon mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Sept 5 1938

19. UNDERTAKER Fred & Silbert (ADDRESS) Dixon Mo.

20. FILED 9-8 1938 C. W. Winkelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938, to \_\_\_\_\_, 1938

I last saw h.i.m. alive on Sept. 2 1938. Death is said to have occurred on the date stated above, at 10 A. m.

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

Asphyxia  
Under development.  
16/10  
Other contributory causes of importance: Weakness

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 \_\_\_\_\_, 1938

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) Dr. F. W. Miesner, M. D.

(Address) Dixon 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.

