

REC'D NOV 21 1938

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

34624
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Van Primary Registration District No. 100
(c) City Kennett (d) Street No. 22 C Gen Hosp Registered No. 3960
(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

Earl Collins
(a) Residence, No. 312 E 9th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5-1890
7. AGE YEARS 48 MONTHS 6 DAYS 2 IF LESS than 1 day, hrs. or mts.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewer
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) Mo13. NAME James Collins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Eula Bridgewater16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Deirda Clark
22 C Gen Hosp
22 C Mo18. BURIAL, CREMATION, OR REMOVAL Liberty Cem. 6 miles North of Warrensburg
DATE 10-12-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Foster
918 Brooklyn
J. C. Mo20. FILED Oct 11, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-193822. I HEREBY CERTIFY, That I attended deceased from 3-15-38, 1938, to 10-10-38, 1938I last saw him alive on 10-10-38, 1938 Death is said to have occurred on the date stated above, at 3:10 PM

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

Rheumatic Heart Date of onsetDisease with MitralStenosisOther contributory causes of importance: 92aPulmonary Edema

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) P. J. De Maria, M. D.(Address) Supr 22 C Gen Hosp
22 C Mo

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.