

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7974
Do not use this space.

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 829
 (b) Township Cent Primary Registration District No. 4560
 (c) City Clarence (d) Street No. _____ St. _____
 (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 David A. Collins
 (a) Residence, No. _____ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie May Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>5</u>	<u>13</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 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) Shelby Co., Mo.

FATHER
 13. NAME William C. Collins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
 15. MAIDEN NAME Mary Ellen Collins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mr. Nannie May Collins
Clarence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarence, Mo. DATE 27 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stephens & Gooding
Macomb, Mo.

20. FILED 3-1- 1939 Roy Hamieton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1939 to Feb 16 1939
 I last saw him alive on Feb 16 1939 Death is said to have occurred on the date stated above, at 2 P.M. m.
 The principal cause of death and related causes of importance were as follows:
Auricular Fibrillation
121
 Date of onset Jan 8 1939

Other contributory causes of importance:
Chronic nephritis 1927

Name of operation none Date of _____
 What test confirmed diagnosis Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19____
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) D. L. Harlan M. D.
Clarence Mo. (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-39-452

Date Filed MAR-14-1939

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.