

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

Do not use this space.

FILED FEB 26 1940

1019

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. Lakeside Hospital 1002
City Kansas City (No. 4) St. 4 Ward 4

2. FULL NAME John Collins 452 (John Collins)
(a) Residence No. Fontana, Kansas 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 Male 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 Husband Maggie Keitel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) De Witt Co, Illinois
13. NAME Joseph A. Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Elizabeth Shinkle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Maggie Collins
(ADDRESS) Fontana, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cadman Cem. Fontana, Mo. DATE 1-5-40

19. UNDERTAKER (ADDRESS) H. M. Crowe

20. FILED Jan. 2 40 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd 1940
22. I HEREBY CERTIFY That I attended deceased from Dec. 29, 1939, to Jan 2, 1940
I last saw him alive on Jan 2, 1940 Death is said to have occurred on the date stated above, at 4:55 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Lobar Pneumonia
Pulmonary
46
Other contributory causes of importance:
Arteriosclerotic Heart
Adenocarcinoma
of Small Intestine
Name of operation Top Resection Date of _____
What test confirmed diagnosis? Biopsy 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? _____
If so, specify _____
(Signed) D. J. Graham M. D.
(Address) 84 Chambers Bldg.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

