

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

Do not use this space.

19527

1. PLACE OF DEATH
 42 County Henry Registration District No. 14
 8 Township X Windsor Primary Registration District No. 4211
 2 City Windsor (No. _____) St. _____ Ward _____

2. FULL NAME William Collins
 (a) Residence, No. 615 E. Jackson St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city, or town where death occurred 65 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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Box				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10-1864				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	3	1	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired brick maker			
	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) Millerburg Illinois				
FATHER	13. NAME John Collins			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT William Collins (ADDRESS) Windsor, Missouri				
18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo. DATE 6-12-33 , 19 33				
19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS) WINDSOR, MISSOURI				
20. FILED June 2 1933 <i>[Signature]</i> Registrar				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11-33, 19**

22. I HEREBY CERTIFY, That I attended deceased from **June 10**, 19**33**, to **June 11**, 19**33**
 I last saw him alive on **June 10**, 19**33**. Death is said to have occurred on the date stated above, at **11:0 a.m.**
 The principal cause of death and related causes of importance were as follows:
Heart Disease (Arteriosclerosis) Date of onset **958**
1185
118
 Other contributory causes of importance:
Acute indigestion

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Clinical** 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? **No**
 If so, specify _____
 (Signed) **T. A. Blackmore**, M. D.
 (Address) **Windsor, Mo.**

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.

JUN 22 1933

