

DEC 17 1937

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

Do not use this space.

41377

1. PLACE OF DEATH

County Henry
Township
City Clinton Mo (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Donald Lee Collins

(a) Residence, No. W Grant Kings mo Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10-31-1937, to 12-5-1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1937

I last saw him alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 2:10 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25

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

Craniocele Present at Birth (Date of onset)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) None

11. Total time (years) spent in this occupation None

Other contributory causes of importance: Post-operative Convulsions

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

Name of operation Removal of Craniocele Date of 11-21-37

13. NAME Henry B Collins

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

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME Goldie Kender

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

17. INFORMANT Merduce Collins (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Field Creek DATE 12-5-37

19. UNDERTAKER Fred Williams (ADDRESS) Clinton Mo

20. FILED Dec 11 1937 J B Hampton Registrar.

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.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Dr. J. J. Powell M. D. (Address) Clinton, 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.

