

REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 358 File No. 18359
Township Big Creek Primary Registration District No. 5503 Registered No. 4
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William B. Collins H 52

(a) Residence, No. _____ St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Blevins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1857

7. AGE YEARS 81 MONTHS 10 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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) Henry County, Missouri

MOTHER 13. NAME Thomas Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Katherine Woster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. S. H. Woltjen
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Norris Cemetery 5-22 1938

19. UNDERTAKER William Dowd, St. Rose
(ADDRESS) Clinton, Mo

20. FILED May 25 1938 E. H. Hibler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from your 1938 to _____ 1938
I last saw him alive on May 19 1938 Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (Date of onset) 5/12/38

Other contributory causes of importance: Arteriosclerosis - Hypertension - Coronary disease
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____ 1938
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 S. W. Woltjen, M. D.
(Signed) C. L. Woltjen (Address) Clinton, Mo
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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.

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