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.

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

Do not use this space.

24503

File No. 24503

Registered No. 3291

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Old City Hospital St. Ward)

2. FULL NAME Rollins James

(a) Residence. No. 1220 Woodland St., 2 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: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	6	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

PARENTS

10. NAME OF FATHER: St. Rollins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

12. MAIDEN NAME OF MOTHER: M. Robertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: Maude Rollins
(Address) 223 E 30th

15. FILED 8/25, 1927 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-24 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-9, 1927, to 8-24, 1927, that I last saw h. 1M alive on 8-24, 1927, and that death occurred, on the date stated above, at 4:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

32A

13C

37A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Miliary T. B.

Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory

(Signed) H. M. Smith, M. D

8/25, 1927 (Address) Old City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland Cemetery — DATE OF BURIAL: 8/26 1927

20. UNDERTAKER: West, Appleton & James — ADDRESS: 1600 E. 19th St.