

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

Do not use this space.

24308

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Dr. Pierce Hospit.)

File No.

Registered No. 796

St.

Ward

2. FULL NAME Henry Leonidas Collins

(a) Residence, No. 705 Harmon St.

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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1889

7. AGE YEARS 42 MONTHS 05 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kelsey Nursery

10. Date deceased last worked at this occupation (month and year) July 22, 1931 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) Harrisonville
(STATE OR COUNTRY) Missouri

FATHER 13. NAME David A. Collins

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

MOTHER 15. MAIDEN NAME Missouri Brashbill

16. BIRTHPLACE (CITY OR TOWN) Calloway Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT David A. Collins
(ADDRESS) 910 Alabama St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grayson Mo. DATE July 30 1931

19. UNDERTAKER John R. Clark
(ADDRESS) 3025 King Hill Av

20. DATE July 29 1931

John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931 to July 29, 1931

I last saw him alive on 7/29, 1931. Death is said

to have occurred on the date stated above, at 2:15 p.m.

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

General Peritonitis

Date of onset

12/9 12/1

Other contributory causes of importance:

Appendicitis

Name of operation Appendectomy Date of 7/25/31

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) T. O. Pierce, M. D.

(Address) St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 24

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