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.

APR 25 1934

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

Do not use this space.

9955

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 80
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME John Martin Collins
(a) Residence, No. Sedalia RFD #5 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 1859

7. AGE: YEARS 75 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Don't know

FATHER
13. NAME "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Mar. 3/34, 19

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia Mo.

20. FILED 3-3-, 1934 Jean Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1934 to Mar 2, 1934
I last saw him alive on Mar 2, 1934 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Shangulated Hernia Scotal. — Date of onset

122 — 1229
112

Other contributory causes of importance: old age,

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 ....., 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? —
If so, specify
(Signed) [signature], M. D.
(Address) Sedalia Mo