

JAN 14 1935

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

Do not use this space.

45064

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1103**
City..... *St. Louis* (No. *6132^a Plymouth*) St. Ward)

File No.
Registered No. **12221**
St. Ward)

2. FULL NAME

Michael Collins
(a) Residence, No. *6132^a Plymouth* St. *5* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 67

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tailor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bner Tailoring Co*
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) *Ireland*

FATHER 13. NAME *John Collins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER 15. MAIDEN NAME *Winifred Kearns*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *John Collins*
(ADDRESS) *6132^a Plymouth*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem* DATE *Dec 27* 19*34*

19. UNDERTAKER *Jos W. Clark*
(ADDRESS) *425 Hodgson Ave*

20. FILED *DEC 26 1934* *Jos S. Bredeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec - 24* 19*34*
22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *9A* m.
The principal cause of death and related causes of importance were as follows:
for Myocarditis
for Interstitial Nephritis
131
Other contributory causes of importance:
131

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*
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) *Harold P. Clark*
(Address) *121 1/2 Park Ave*

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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