DEC 3 1936

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

Do not use this space.

38575

1. PLACE OF DEATH
County Pemiscot
Township Hayti
City (No. , St. Ward)

Registration District No. 653
Primary Registration District No. 3864

File No.
Registered No. 121

2. FULL NAME Mat Collins

(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 3 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	1	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Miss

FATHER
13. NAME Silas Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Miss

MOTHER
15. MAIDEN NAME Lila Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymond Miss

17. INFORMANT (ADDRESS) Henry Singleton Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morgan Cemetery DATE 10-6 1936

19. UNDERTAKER (ADDRESS) Mrs. S. J. Smith Hayti Mo

20. FILED 11-8 1936 J W Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1936 to Oct 5, 1936
I last saw him alive on Oct 1, 1936. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane

Date of onset

Other contributory causes of importance:

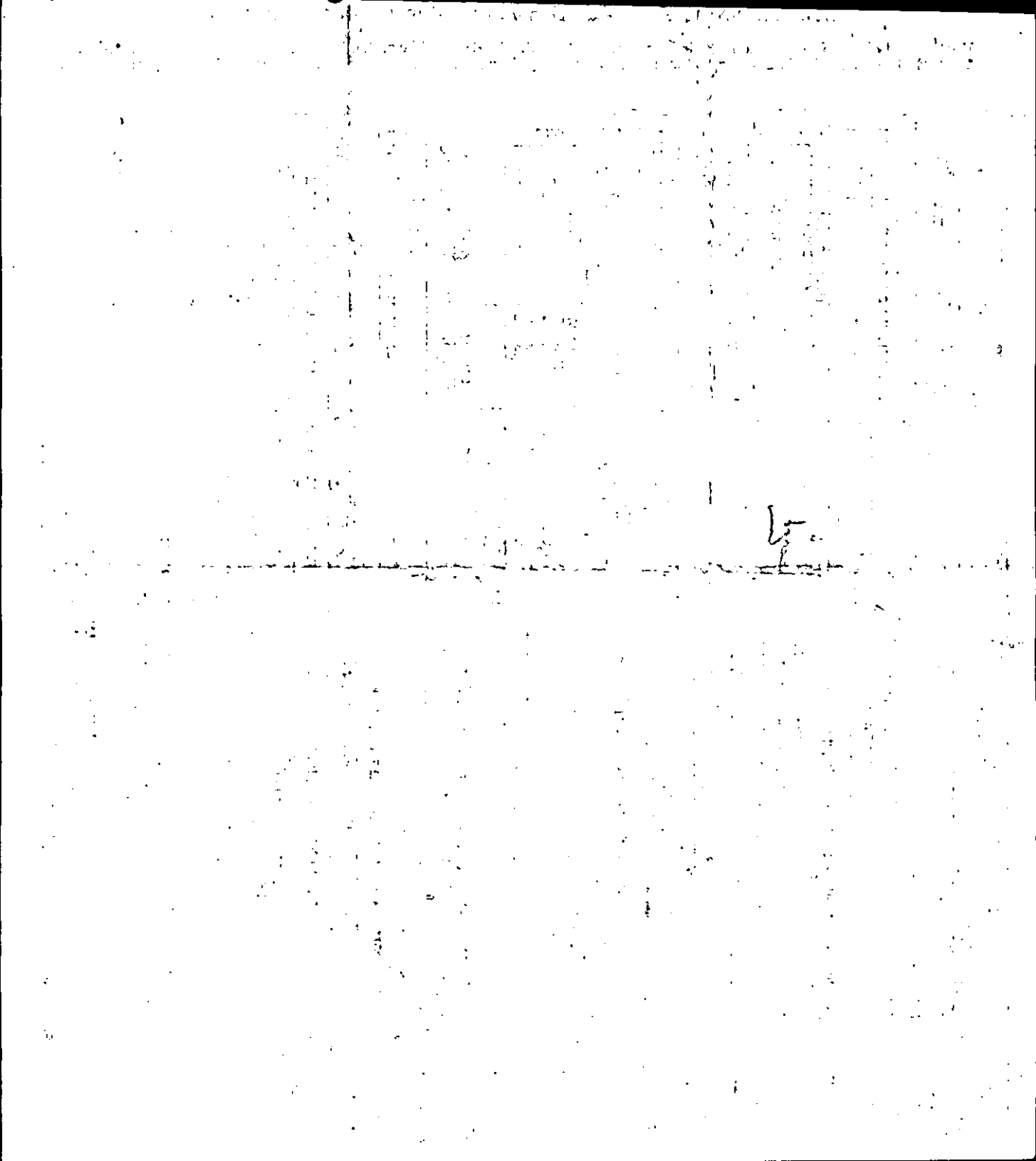
Syphilis

Name of operation 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) Fred L. Oyler E. HO, M. D.
(Address) Cum Sherwood Mo

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.