

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

Do not use this space.

3006

File No.
 Registered No. 28 Ward

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence No. St.

2. FULL NAME Eugene W. Collins 460

(a) Residence, No. 10811-C-23rd 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

MEDICAL CERTIFICATE OF DEATH

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 Hallie Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15/1878

7. AGE YEARS 59 MONTHS 1 DAYS 8 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jenkins Music 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) Marshall Mo.

13. NAME John Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Minnie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

17. INFORMANT (ADDRESS) Mrs. Hallie Collins
10811-C-23rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE 1/25 1938

19. UNDERTAKER (ADDRESS) Geo. C. Carson
Indep. Mo.

20. FILED 1-26-1938 J. L. Cook Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dayton, 19....
 I last saw him alive on, 19.... Death is said to have occurred on the date stated above, at 8:10 a.m.

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

Spinal Cord Tumor
Hydrocephalus
 Other contributory causes of importance:
Inanition

Name of operation none Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Osborn, M. D.
 (Address) Dayton

This statement may be properly classified. Exact statement of OCCUPATION is very important.

55F

RECEIVED

FEB. 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

MAY 12 1954

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3006

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township _____ Primary Registration District No. 5354 Registered No. 28
 (c) City Independence (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugene W. Callier
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 1 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23, 1988

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

Supplemental Report
 Spirit & Card Tumor
 This was a coroner's case and the coroner says that he does not know whether the tumour was malignant or not.
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED March 16 1988 F. R. Cook Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? GS 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) L. J. Conroy, M. D.
 (Address) Dep. Cd. Independence Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

1938

S-3006