

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

Do not use this space.

28596

DEC'D SEP 16 1938

1. PLACE OF DEATH

County *Cass*  
Township *Grand River*  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *156*  
Primary Registration District No. *5219*

File No. \_\_\_\_\_  
Registered No. *9*

2. FULL NAME

*Infant son of Thomas J & Marcia 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 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) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/5* 19*38*

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

22. I HEREBY CERTIFY, That I attended deceased from *8-5* 19*38*, to *8-5* 19*38*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 5-1938*

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*Still born*

to have occurred on the date stated above, at *4:32* p. m.

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. \_\_\_\_\_

Date of onset

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

*Sheeborn - One Placental previa and premature labor*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cass Co Mo*

FATHER 13. NAME *Thomas J Collins*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cass Co Mo*

MOTHER 15. MAIDEN NAME *Marcia Hull*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas City Kansas*

17. INFORMANT *Thomas J Collins*  
(ADDRESS) *Harrisonville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oakland Cemetery* DATE *7/6* 19*38*

19. UNDERTAKER *Rummelburger, Mo*  
(ADDRESS) *Harrisonville*

20. FILED *7/6* 19*38* *Blakesley* Registrar

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.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.  
(Address) *Harrisonville Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr Long 845*

