

1938 OCT 19

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

Dr. G. Rowley
32707
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
(b) Township Hudson Primary Registration District No. 5713 Registered No. 63
(c) City (d) Street No.
(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

Timothy Collins 432
(a) Residence, No. RR Macon St. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 10 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
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

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

13. NAME Wm Collins

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Mrs. Timothy Collins RR Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct 15 1938

19. FUNERAL DIRECTOR (ADDRESS) Edwin Skuman Macon

20. FILED 10/17 1938 Seola Kenton Local Registrar. 476

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Oct 13 1938
I last saw him alive on October 13 1938 Death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiovascular Disease -
Date of onset about 5 yrs
Other contributory causes of importance: ASB

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) Dr. G. Rowley M. D.
Macon Mo (Address)

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE OCT 19 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)