

1939 MAR 9 1939

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

5616
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 1002
(c) City Manassas City (d) Street No. 2633 Bales 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.

Registered No. 815

2. PRINT FULL NAME Robert Alexander Collins

(a) Residence, No. 2633 Bales 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) West Virginia

13. NAME J. W. Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Ressag. Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT S. M. Christ (ADDRESS) 12 Liberty

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood Park DATE 2/25 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. S. Foster (ADDRESS) 918 Brooklyn

20. FILED 724 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 22 1939

22. I HEREBY CERTIFY That I attended deceased from 2/10 1939, to 2/22 1939

I last saw him alive on 2/22 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Bronchial asthma
Ch. Myocarditis
A3C

Date of onset

Other contributory causes of importance:

asthma

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Dr. M. M. Brown M. D. (Address) 10207 Dwyer Ave. R. 202

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Denzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *918 Brooklyn 75*

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

If this body is not embalmed, above space should be left blank.