

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.

JUL 22 1931

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

Do not use this space.

20468

1. PLACE OF DEATH

County Barry  
Township M=Donald-  
City..... (No.....)

Registration District No. 21  
Primary Registration District No. 5045B

File No.....  
Registered No. 13  
St..... Ward)

2. FULL NAME

John Rollins

(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

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 Lidia Rollins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
54 | 1 | 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 1

13. NAME Rollins.

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

15. MAIDEN NAME Mizeo -

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

17. INFORMANT Lidia Rollins (ADDRESS) Quincy - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy - DATE 6-16 1931

19. UNDERTAKER Blair's (ADDRESS) Quincy

20. FILED 6-23-31 1931 Mattie Blair Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1931

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1931, to 6-14, 1931

I last saw him alive on 6-14, 1931. Death is said

to have occurred on the date stated above, at 11:20 p.m.

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

Acute Atherosclerosis of Brain  
Acute Uterine Myelitis  
Date of onset

Other contributory causes of importance:  
Acute Uterine Myelitis

Name of operation..... Date of.....  
What test confirmed diagnosis? Autopsy 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) Ernest Mitchell, M. D.  
(Address) Manett, Mo.

JUL 30 1954

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