

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 15406
Registered No. _____

1. PLACE OF DEATH

County Bath
Vet. Dist. Salt Lick
Inn. Town _____

Registration District No. 5-2
Primary Registration District No. 4085

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give the NAME instead of street and number)

2. FULL NAME

John W. 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. See key to E. 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
6a. If married, widowed, or divorced, name of (or) wife of Lizzie Collins
7. AGE Year 70 Month 10 Day 14 If less than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, or aggrar, surveyor, bookkeeper, etc.
9. Industry or business in which work was done, or with rail, seaman, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE Kentucky

13. NAME P. O. Collins

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Julia Donaldson

16. BIRTHPLACE Kentucky

17. INFORMANT Ray Collins
(Address) Salt Lick, Ky.

18. SOCIAL REGISTRATION OR REGISTRATION No. John A. Smith Date July 12, 1933

19. UNDERTAKER Barney & Harkness
(Address) Salt Lick, Ky.

20. FILED July 18, 1933 Mrs. St. Raymond

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1901 to April 1933 that saw him alive on _____ death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance in order of onset were as follows:

Interstitial nephritis Date of onset _____

Contributory causes of importance not related to principal cause:

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 _____
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 F. P. Gudger M. D.
(Address) Campbell, Ky.

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.