

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 15229  
Registered No. 24

1 PLACE OF DEATH

County Letcher

Vot. Pct. Whitesburg, Ky Registration District No. 880

Inc. Town \_\_\_\_\_ Primary Registration District No. 2330

City Whitesburg (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Collins

(a) Residence. No. Whitesburg Ky St. \_\_\_\_\_ Ward. \_\_\_\_\_ (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 Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of Minerva Collins (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH June 1st 1843 (Month) (Day) (Year)

7 AGE 92 yrs. 3 mos. - ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Retired (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Letcher County, Ky

PARENTS 10 NAME OF FATHER William Collins 11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky 12 MAIDEN NAME OF MOTHER Eliza Breeding 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 (Informant) Mrs. Sam Collins (daughter) (Address) Whitesburg Ky

15 Filed 6-3-35, 19 Ed. M. Cannon Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 1st 1935 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from line to line, 1935, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on 6-1-35, 19\_\_\_\_, and that death occurred on the date stated above at 9 P.M. The CAUSE OF DEATH\* was as follows:

Senility  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory \_\_\_\_\_ (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? \_\_\_\_\_ Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ (Signed) T. C. T. T. T., M. D. 6-1-35, 19\_\_\_\_ (Address) Whitesburg, Ky

\*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Candill Cemetary DATE OF BURIAL June 7 35 Whitesburg Ky 20 UNDERTAKER Johnson Funeral Home Whitesburg Ky

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD EXACTLY. PHYSICIANS 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.