

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25132

Birth No. 132

DEC 7 1951 *76*

REGISTRATION DISTRICT NO. 11-00 REGISTRAR'S CERTIFICATE NO. _____

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if request was held).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Rutherford</u>		b. TOWNSHIP <u>Asheville</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>KENTUCKY</u>		b. COUNTY <u>Letcher</u>	
4. CITY OR TOWN <u>Oteen</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Whitesburg</u>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital, Oteen, N. C.</u>					4. STREET ADDRESS or R. F. D. NO. <u>6</u>				
NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>E.</u>		c. (Last) <u>COLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 3, 1894</u>		9. AGE: (Years) (Months) (Days) (Hours) (Min.) <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work. Give during most of working life even if retired.) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Whitesburg, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Williams Collins (deceased)</u>					14. MOTHER'S MAIDEN NAME <u>Mary Roberts</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 9/1/44 - 3/1/49</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S NAME AND ADDRESS <u>Hospital Records, VAH, Oteen, N. C.</u>				
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death." <u>002X</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
		ANTECEDENT CAUSES Morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
18a. DATE OF OPERATION _____		18b. MAJOR FINDINGS OF OPERATION <u>No Autopsy Performed</u>						18c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____					
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>11-11, 1948</u> to <u>11/5, 1951</u> , and that death occurred at <u>12 P</u> on the date stated above.									
23. SIGNATURE <u>R. E. MOTT</u>				(Degree or title) <u>M.D., Chief, Tuberculosis Service</u>		23b. ADDRESS <u>VAH, Oteen, N.C.</u>		23c. DATE SIGNED <u>11/6/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitesburg, Kentucky</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>11-10-51</u>		REGISTRAR'S SIGNATURE <u>A. Hamilton</u>			25. FUNERAL DIRECTOR ADDRESS <u>Morris-Gearing & Co., Asheville, N. C.</u>				