

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

State File No. 1423
 Registrar's No. 19

Registration District No. 880 Primary Registration District No. 6621

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Letcher</u>	(a) State <u>Ky.</u>	(b) County <u>Letcher</u>	
(b) City or town <u>Whitesburg</u>	(c) City or town <u>Whitesburg</u>	(If outside city or town limits, write RURAL)	
(c) Name of hospital or institution: <u>rural</u>	(d) Street No. _____	(If rural give precinct)	
(If not in hospital or institution write <u>20 years</u> location)	(e) If foreign born, how long in U. S. A.? _____ yes		
(d) Length of stay: In hospital or community _____ (years, months or days)			

3(a) FULL NAME William S. Collins

3(b) If veteran, Name war No 3(c) Social Security No. No

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Divorced

6(b) Name of husband or wife Martha Morton

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Dec 18 1866
 (Month) (Day) (Year)

8. AGE: 51 Years 13 Months 13 Days If less than one day hr. _____ min.

9. Birthplace Ky.

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER { 12. Name Jim Collins
 13. Birthplace Tenn.

MOTHER { 14. Maiden name Unknown
 15. Birthplace ?

16(a) Informant's own signature Watson Collins - Son
 (b) Address Whitesburg, Ky.

17. BURIAL, CREMATION, OR REMOVAL
 Place Sandlick, Ky. Date 1-4 19 48

18(a) Signature of funeral director [Signature]
 (b) Address Whitesburg, Ky.
1-24-48

19(a) (Date received by local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 19 48

21. I hereby certify that I attended the deceased from _____ 19 _____ to Jan. 1 19 48, that I last saw him alive on Jan. 1 19 48, and that death occurred on the date stated above at 1:27 A. M.

Immediate cause of death Chr. Myocarditis DURATION _____

Due to Senescence

Other conditions Prob. Chr. Rheumatoid Arthritis (?)
 (Include pregnancy within 5 months of death)

Major findings:
 Of operations 130-935
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature P. D. Collins, M.D.
Whitesburg, Ky. (M. D. or other)
 Address _____ Date signed 1-24-48