

# CERTIFICATE OF DEATH

3815

DEPT. OF PUBLIC HEALTH      STATE OF TENNESSEE      DIV. OF VITAL STATISTICS  
 COOPERATING WITH DEPT. OF COMMERCE      BUREAU OF THE CENSUS

REG. NO. 250  
 REG. DIST. NO. 24801

1. FULL NAME *Cyril Wilson Collins*      2. DATE OF DEATH *Feb 28 1941*  
FIRST      MIDDLE      LAST      MONTH      DAY      YEAR

3. PLACE OF DEATH  
 A) COUNTY *Knox*      CIVIL DISTRICT  
 B) CITY OR TOWN *Knoxville*  
(IF OUTSIDE CITY LIMITS, WRITE RURAL)  
 C) NAME OF HOSPITAL *East-Snyder Hospital*  
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)  
 D) LENGTH OF STAY: IN HOSPITAL      IN COMMUNITY

4. LEGAL RESIDENCE:      A) STATE *Tenn*  
 B) COUNTY *Knox*      CIVIL DISTRICT  
 C) CITY OR TOWN *Knoxville*  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
 D) STREET NO. *Hillvale Circle*  
 E) IF FOREIGN BORN, HOW LONG IN U.S.A.      YRS.

5. RACE OR SEX: *White Male*  
 6. SINGLE, MARRIED, WIDOWED, DIVORCED: *Married*  
 8. AGE: *2* YEARS      *9* MONTHS      *7* DAYS      IF LESS THAN ONE DAY:      HRS.      MINS.

MEDICAL CERTIFICATION  
 20. HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *Dec. 20 1940* TO *Feb. 28 1941*  
 AND THAT I LAST SAW HIM LIVE ON *Feb. 28 1941*  
 AND THAT DEATH OCCURRED ON THE DATE STATED AT *2:45 P.M.*

9. DATE OF BIRTH: MONTH *May* DAY *7* YEAR *1889*  
 10. PLACE OF BIRTH: CITY OR COUNTY *Gilbert* STATE OR COUNTRY *Tenn*

IMMEDIATE CAUSE OF DEATH: *Cardio Renal Vasculor*      DURATION *1 1/2 hr*

11. HUSBAND OR WIFE OF *Ruth Collins*  
 AGE OF HUSBAND OR WIFE, IF LIVING: *45* YEARS

DUE TO: *Hypertension*

12. IF VETERAN:      SOCIAL SECURITY NUMBER  
 NAME OF WAR

13. USUAL OCCUPATION *Athletic Director*

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)      PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

14. INDUSTRY OR BUSINESS *Knoxville High School*

15. FULL NAME *Ray V. Collins*  
 BIRTHPLACE: CITY OR COUNTY *Gilbert* STATE OR COUNTRY *Tenn*

OPERATION?      FINDINGS

16. MAIDEN NAME *Ella Lane*  
 BIRTHPLACE: CITY OR COUNTY *Gilbert* STATE OR COUNTRY *Tenn*

AUTOPSY?      FINDINGS

17. INFORMANT *Mr. C. H. Collins*  
 ADDRESS *Knoxville*

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:

18. BURIAL, REMOVAL OR CREMATION: *Removal* DATE *Mar 1 1941*  
 CEMETERY *Pulaski* PLACE *Tenn*

A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)

19. UNDERTAKER *E. B. Mann*  
 ADDRESS *Knoxville      Knoxville*

B) DATE OF OCCURRENCE

DATE FILED *2 28 1941* *M. Kyle* REGISTRAR

C) WHERE DID INJURY OCCUR: CITY COUNTY STATE  
 D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?

WHILE AT WORK      MEANS OF INJURY  
 SIGNATURE *E. B. Mann* M.D.  
 ADDRESS *107 Walnut St*      DATE SIGNED