OCT 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26206

File No. 18

Registered No. 72

1. PLACE OF DEATH

County: Clinton — Registration District No. 907

Township: — Primary Registration District No. 4125

City: Plattsburg (No. ..... St. ..... Ward)

2. FULL NAME Vanda Joe McCollum

(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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Arthur M. McCollum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
18	1	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Ripley County
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm. A. Hauk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ripley Co.
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lucy Harvey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caldwell Co.
(STATE OR COUNTRY) Mo

14. INFORMANT C. M. McCollum
(Address) Plattsburg Mo

15. FILED 8/12, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8. 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1930, to Aug 8, 1930 that I last saw her alive on Aug 8, 1930 and that death occurred, on the date stated above, at 8:P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Peritonitis
(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Puerperal Septicemia
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Condition
(Signed) W. B. Baldwin, M. D.
Aug 8, 1930 (Address) Plattsburg Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Plattsburg Mo. — DATE OF BURIAL: 8-10 1930

20. UNDERTAKER: Basil R. Nelson — ADDRESS: Plattsburg Mo

N. B.—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.

PERMANENT RECORD