

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

Do not use this space.

26670

**1. PLACE OF DEATH**

County Linn Registration District No. 496  
Township \_\_\_\_\_ Primary Registration District No. 3225  
City Brooxfield (No. 714) W. Wake St. 2 Ward)

**2. FULL NAME**

(a) Residence, No. 714 W Wake St., 2 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-7-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11/15  
10. Date deceased last worked at this occupation (month and year) 13  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Brooxfield (STATE OR COUNTRY) Mo

FATHER 13. NAME Delmar J. McCallum

14. BIRTHPLACE (CITY OR TOWN) M. Salem (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Marie Carter

16. BIRTHPLACE (CITY OR TOWN) Brooxfield (STATE OR COUNTRY) Mo

17. INFORMANT Delmar McCallum (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE Aug. 22, 1932

19. UNDERTAKER R. W. Hill (ADDRESS) Brooxfield Mo

20. FILED Aug 22, 1932 le E. Jenkins Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug-16, 1932, to Aug 20, 1932  
I last saw her alive on Aug 30, 1932. Death is said to have occurred on the date stated above at 11 a.m.  
The principal cause of death and related causes of importance were as follows:

Cardi. Tho. Collis Date of onset Aug 19  
Angi. Myocardium Aug 7  
Other contributory causes of importance: 11/9

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? hospital exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Roy Hill M. D.  
(Address) Brooxfield 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 24 1932

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