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

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.

OCT 24 1935

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

Do not use this space.

30022

1. PLACE OF DEATH

58

County Linn — Registration District No. 496 — File No.

Township — Primary Registration District No. 4573 — Registered No. 82

City St. Catherine (No. , St. Ward)

2. FULL NAME Sarah Margaret McCollum

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

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	3	3	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catherine, Mo.

FATHER

13. NAME Landy Pulliam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Sarah McCollum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. T. J. Scrivoner St. Catherine, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant View Cem. DATE Sept 25, 1935

19. UNDERTAKER (ADDRESS) Rusk Funeral Home Brookfield, Mo.

20. FILED Sept. 9, 1935 J. Shucas, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1935, to Sept 23, 1935

I last saw her alive on Sept 23, 1935 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Left Hemiplegia) — Date of onset Sept 22-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) J. Lane Evans, M. D.

(Address) Brookfield Mo