CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 18 1937

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

Do not use this space.

44096

1. PLACE OF DEATH
County Chariton — Registration District No. 172 — File No.
Township Salt Creek — Primary Registration District No. 5239 — Registered No. 22
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mary Margaret 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. mos. 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): Dec 8-1936

7. AGE — YEARS: — MONTHS: — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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): Chariton Co Mo

FATHER
13. NAME: David McCollum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chariton Co Mo

MOTHER
15. MAIDEN NAME: Elva H. Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Co Mo

17. INFORMANT (ADDRESS): David McCollum Mendon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newcomer DATE 12/26 1936

19. UNDERTAKER (ADDRESS): H. L. Leipard Mendon Mo

20. FILED 12/25 1936 V D West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1936, to Dec. 25, 1936
I last saw her alive on Dec. 25 1936 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis =	
Lack of and failure to retain nourishment	

Other contributory causes of importance:
Lack of and failure to retain nourishment

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Name of operation ..... Date of .....
What test confirmed diagnosis? Symptom 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) W. D. West, M. D.
(Address) Mendon Mo.