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

Do not use this space.

File No. 31145

Registered No. 112

1. PLACE OF DEATH

County: Livingston — Registration District No. 508

Township: Sampsel — Primary Registration District No. 3676

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

2. FULL NAME Mary Ellen Harlow

(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 18 yrs. 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Warren County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John H. McCollum

14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) South Carolina

MOTHER

15. MAIDEN NAME Elizabeth Whitlow

16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

17. INFORMANT George McCollum
(ADDRESS) ~~Chillicothe, Missouri R. 3~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE August 27, 1937

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Aug. 26, 1937 Donald M. Dowell, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to Aug. 25, 1937

I last saw h. alive on Aug. 23, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Cerebral Hemorrhage	8-18-37
R3C	

Other contributory causes of importance:

Arteriosclerosis
Chronic Myocarditis

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) Donald M. Dowell, M. D.

(Address) Chillicothe, 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.