REC'D JUN 22 1938

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

Do not use this space.

18755

File No.

Registered No. 39

1. PLACE OF DEATH

County: Linn — Registration District No. 496

Township: — Primary Registration District No. 3035

City: Brookfield (No. , St. Ward)

2. FULL NAME: Ivan Lee McCollum 245

(a) Residence, No. 930 West Wood 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: M

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): Oct. 2, 1937

7. AGE: Years — Months: 7 — Days: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Brookfield Mo. 0

FATHER

13. NAME: Delmar McCollum 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Salem Mo. 0

MOTHER

15. MAIDEN NAME: Marie Caven

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield Mo.

17. INFORMANT: Delmar McCollum
(ADDRESS) Brookfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill Cem DATE: May 16, 1938

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

20. FILED: June 9, 1938 J. Northman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1938, to 5/14, 1938. I last saw him alive on 5/14, 1938. Death is said to have occurred on the date stated above, at 11 p.m.

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

	Date of onset
Bronchial Pneumonia	4 da.

Other contributory causes of importance: 0

Measles	1 Mo.

Name of operation: 0 Date of: 0

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury: 0, 19

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury: 0

Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify: 0

(Signed) J. M. Ramey, M. D.

(Address) 445 Brookfield, 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

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