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.

REC'D MAY 22 1939

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

15392
Do not use this space.

1. PLACE OF DEATH
(a) County Lime
Registration District No. 458
(b) Township or City Bucklin
Primary Registration District No. 4301
Registered No. 8
(c) (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William J. McCollum
(a) Residence, No. 245 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8-1864
7. AGE YEARS 75 MONTHS 0 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John McCollum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catherine Mo

MOTHER
15. MAIDEN NAME Sarah McCollum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catherine Mo

17. INFORMANT (ADDRESS) Roy L. McCollum Brookfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nestor Chapel DATE Apr 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunter & Rollins Brookfield
20. FILED Apr 6 1939 J. L. Cantwell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/4 1939
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to 4/4, 1939.
I last saw him alive on 3/31, 1939. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:
Interstitial Nephritis — Date of onset 6-1-34
131
Other contributory causes of importance: Senility
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) D. C. Grigar, D.O.
(Address) Bucklin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-843
Date Filed MAY 15 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. W. Collins

Licensed Embalmer No. 1164

P. O. Address Brookfield V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.