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.

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

JAN 15 1940

Do not use this space.

44999

File No.

Registered No.

1. PLACE OF DEATH

County Union

Township North

Registration District No. 904

Primary Registration District No. 6215

City (No. St. Ward)

2. FULL NAME Mary Alice Mc. Collum

(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: 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: John W. Mc. Collum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4. 1857

7. AGE: YEARS 82. MONTHS 1 DAYS 14 If LESS than 1 day, ...hrs. or ...min.

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): Licking Co. Ohio

FATHER

13. NAME: Jacob. Cline

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna

MOTHER

15. MAIDEN NAME: Ellen Jane Pyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Charley Mc. Collum (ADDRESS) Sheridan MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Isadora Cem DATE Dec. 19 - 1939

19. UNDERTAKER: Long & Boyd (ADDRESS) Sheridan MO

20. FILED Dec. 19 1939 Mrs O. H Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1939, to Dec 18 1939

I last saw her alive on Dec 17, 1939 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Date of onset

Other contributory causes of importance:

Name of operation Physical findings 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) [illegible] M. D.

(Address) Grant City Mo

RECEIVED
District Health Officer No. 11
District File Number 140-1882
Date Filed JAN 11 1948