MAR 28 1930

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

Do not use this space.

5797

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 13
Township " " — Primary Registration District No. 5802 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Charles 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel McCollum

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unk 1875

7. AGE: YEARS 55 — MONTHS Est — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn.

PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " " (STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER " " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " " (STATE OR COUNTRY)

14. INFORMANT: Tom Hyatt
(Address) New Madrid R.R.

15. FILED 2/3/30 W. O. Bannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-1-30, 19..., to 2-3, 1930 that I last saw h..... alive on 2-2-, 1930, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Spinal Meningitis
TRB (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. O. Bannon M.D.
, 19 (Address) Co. Health Officer New Madrid, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gerrenberg Cem — DATE OF BURIAL: 2-4 1930

20. UNDERTAKER: Richards And. Co — ADDRESS: New Madrid