REC'D MAY 23 1938

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

Do not use this space.

15280

1. PLACE OF DEATH

County: Marion
Township: Liberty
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 548.
Primary Registration District No. 5740.

File No. .....
Registered No. 31.

2. FULL NAME: Jimmie Lee Collighan 425

(a) Residence, No. Palmyra, Mo. 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 31, 1933

7. AGE: YEARS 4 | MONTHS 9 | DAYS 23 | 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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo. 0

FATHER

13. NAME: James Elmer Collighan 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo.

MOTHER

15. MAIDEN NAME: Helen Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo.

17. INFORMANT (ADDRESS): James Collighan Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE: Palmyra Cemetery DATE: 3/26/38, 19

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED: Mar 25, 1938 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1938, to Mar 24, 1938

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Lobar pneumonia — Date of onset Mar 12, 38

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Other contributory causes of importance:

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) Dr. J. H. Hall, M. D.

489 (Address) Palmyra 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.