

PLACE OF DEATH

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

County.....

Township.....

or

Village.....

or

City.....

Registration District No. 791File No. 4500Primary Registration District No. 1003Registered No. 1149(NO. Emerson Hospital St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Martha Hollman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH

DATE OF BIRTH

AGE

IF LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Hollman(ADDRESS) 2227 Warren St.Filed JAN 30 1911212 Wheeler Bond

REGISTRAR

DATE OF DEATH Jan 27, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 19, 1911, to Jan 27, 1911,
that I last saw her alive on Jan 27, 1911,
and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Nephritis120(Duration) ___ yrs. ___ mos. 8 ds.

Contributory

(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) D. C. Todd M. D.Jan 28, 1911 (Address) 45-23 Page St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. 3 ds. In the State ___ yrs. ___ mos. ___ ds.Where was disease contracted if not at place of death? 2227 Warren St.

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

New Bethel Church Jan. 30, 1911

UNDERTAKER

ADDRESS

Henry Leidner 1417 N. Market

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.

THIS IS A PRELIMINARY RECORD

