

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

PLACE OF DEATH

County Bates

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Adrian (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 47

File No. 18898

Primary Registration District No. 4027

Registered No. 22

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

FULL NAME

William Henderson Holloway

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF DEATH June - 28 - 1913  
(Month) (Day) (Year)

DATE OF BIRTH Feb 5, 1845  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June - 22 - 1913, to June - 28 - 1913, that I last saw him alive on June - 28 - 1913, and that death occurred, on the date stated above, at 4:30 A.M.

AGE 68 yrs. 4 mos. 24 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Pneumonia

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

BIRTHPLACE (City or town, State or foreign country) Missouri

NAME OF FATHER Hening Holloway

Contributory (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee

(Duration) 4 yrs. 4 mos. 4 ds.

MAIDEN NAME OF MOTHER Don't Know

(Signed) D. Britt Todd M. D.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know

(Address) Adrian

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) H. J. Carr

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

(ADDRESS) Adrian

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Filed 6/29 - 1913 D. W. Smith REGISTRAR

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Present place DATE OF BURIAL June 29, 1913

UNDERTAKER H. J. Carr ADDRESS Adrian Mo

N. B.—Every item of information should be thoroughly checked. A true and correct statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CAUSE OF DEATH should be stated EXACTLY, as given, in plain terms, and should not be written in any other manner.

PLACED IN THIS SPACE BY THE REGISTRAR

County

*Bates*

Township

or Village

City

*Adrain*

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No.

*47*

Primary Registration District No.

*4027*

File No.

Registered No.

*22*

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

FULL NAME

*William Henderson Holloway*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Satisfactory Information Supplied.*  
COLOR OR RACE  
SINGLE MARRIED WIDOWED OR DIVORCED (If file the word)

DATE OF BIRTH *Satisfactory Information Supplied.*  
(Month) (Day) (Year)

AGE *Satisfactory Information Supplied.*  
IF LESS than 1 day, hrs. or min. yrs. mos. ds.

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)

PARENTS  
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) *Satisfactory Information Supplied.*  
(ADDRESS)

Filed *June 29, 1913*  
*Dr. New S. [Signature]*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *June 28, 1913*  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *June 28, 1913* to *June 28, 1913*,  
that I last saw him alive on *June 28, 1913*  
and that death occurred, on the date stated above, at *Adrain, Mo.*

The CAUSE OF DEATH\* was as follows:  
*Pneumonia*  
*Tuberculosis*

Contributory (Specify) \_\_\_\_\_  
(Duration) yrs. mos. ds.  
(Signed) *Dr. Britt T. [Signature]* M. D.  
*June 28, 1913* (Address) *Adrain, Mo.*

\*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. ds. In the State yrs. mos. ds.  
Where, was disease contracted  
 at place of death  
 not at place of death

Former or usual residence \_\_\_\_\_  
PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 1913

UNDERTAKER *Satisfactory Information Supplied.* ADDRESS \_\_\_\_\_

Original file, date *JUN 1913* All information called for must be written on this Supplementary Certificate.

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18898

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