JUL 25 1927

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

Do not use this space.

17545

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 581

City St. Joseph, (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME Mary ANN s Holzinger

(a) Residence. No. 414 Albermarle Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 8 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July. 23. 1868.

7. AGE: Years 58 — Months 10 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Joseph.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: James Carroll
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Quinliven
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ireland

14. INFORMANT: Casper Holzinger
(Address): 414 Albermarle Street

15. FILED 1927 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June. 1. 1927.

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1927, to June, 1927, that I last saw her alive on May 21, 1927, and that death occurred, on the date stated above, at 9/45. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Paren Neph
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 414 Albermarle
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Frank H. Hartigan, M. D.
June. 2, 1927 (Address) King Hill Bldg.

*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: Mount Olivet Cemetery — DATE OF BURIAL: June 3 1927

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: 1802 Union Str.

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 PERMANENT RECORD