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

Do not use this space. 27882

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

File No. 383
Registered No. 383

2. FULL NAME: Mildred Aileen Hollands

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 23rd 26

7. AGE: Years 1 — Months 0 — Days 23 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New Madrid
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Albert Hollands
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ark.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mabel Odell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

14. INFORMANT: Albert Hollands
(Address): New Madrid.

15. FILED 10/13, 1927 Wm. H. O'Bannon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 30th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 29th, 1927, to Sept. 30th, 1927, that I last saw h. alive on Sept. 30, 1927, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inter colitis

1178 (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): 1133

(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. L. Dugger, M. D.
, 19 (Address) New Madrid

*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: Parma Cem. — DATE OF BURIAL: Oct 1st 1927

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

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.