

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

Do not use this space.

8732

1. PLACE OF DEATH

County..... Iron Registration District No..... 391 File No.....
 Township..... Escader Primary Registration District No..... 5246a Registered No. 12
 City..... (No.....) St. Ward)

2. FULL NAME

Nancy Caroline Holloman
 (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Woman | White | Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hra. or ...min.
64 | | | 6 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Texas
 (STATE OR COUNTRY)

10. NAME OF FATHER Drew Pearson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Pearson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas
 (STATE OR COUNTRY)

14. INFORMANT Charles Wesley Holloman
 (Address) Hogart Mo

15. FILED 3/16 1928 Robert Pasche
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1927, to March 10 1928
 that I last saw her... alive on March 7 1928, and that death occurred, on the date stated above, at about 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of right Breast

50 (duration) 3 yrs. 6 mos. - ds.

CONTRIBUTORY (SECONDARY) 47 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
 IF NOT AT PLACE OF DEATH, at his home

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF July 6 1926

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none used
 (Signed) Edward G. Bamhorne, M. D.

3/10 1928 (Address) Drouton Mo.

*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 Chloride Church Cem DATE OF BURIAL Mar 11 1928

20. UNDERTAKER S E Bond ADDRESS Drouton

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.

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