

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

Do not use this space.  
**16465**

**1. PLACE OF DEATH**  
 County Cass Registration District No. 148  
 Township Wittmar Primary Registration District No. 4082  
 City Belton (No. ....) St. .... Ward ....

**2. FULL NAME** Lou C. Holloway  
 (a) Residence, No. .... St. .... Ward ....  
 (Usual place of abode)  
 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.

File No. 11  
 Registered No. ....  
 St. .... Ward ....

**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 J. H. Holloway  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-13-1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 7 1  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928  
 17. I HEREBY CERTIFY, That I attended deceased from May 14 1928, to May 14 1928, that I last saw him alive on May 14 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial vessel of left ventricle of myocardium  
 6031  
 6031  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, .....  
 CONTRIBUTORY (SECONDARY) 6031  
 duration yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)  
**PARENTS**  
 10. NAME OF FATHER H. C. Hutchfield  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Margaret Perry  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, .....  
 19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Erving S. Wood, M. D.  
2-14, 1928 (Address) Belton Mo

14. INFORMANT J. C. Holloway  
 (Address) Belton, Mo  
 15. FILED 5-14-1928 R. M. Miller  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belton  
 DATE OF BURIAL 5-16 1928  
 20. UNDERTAKER E. H. George  
 ADDRESS Belton

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.

JUN 15 1928

