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

Do not use this space.

6771

1. PLACE OF DEATH
County Jackson. Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. 3602 Bellaire St. Ward)

File No.
Registered No. 937

2. FULL NAME Ella Louise Hollman
(a) Residence. No. 3602 Bellaire St., 16 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 Fe
4. COLOR OR RACE Colored
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) July 1, 1928.
7. AGE Years 11 Months 7 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) (STATE OR COUNTRY) Kansas City, Mo.

PARENTS
10. NAME OF FATHER Henry Hollman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Irene Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) West Point Miss

14. INFORMANT Irene Hollman
(Address) 3602 Bellaire
15. FILED 2-26, 1929 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/24 1929.
17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to Feb 24, 1929, that I last saw her alive on Feb 24, 1929, and that death occurred, on the date stated above, at 7.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral insufficiency
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1010
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinically
(Signed) W A Hambrick, M. D.
2-26 1929 (Address) 1830 Pine St

*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 Highland Cem.
DATE OF BURIAL 2/27 1929
20. UNDERTAKER Watkins Bros.
ADDRESS 1729 Lydia

MARGIN RESERVED FOR BINDING

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

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.

Dr Hambrick. 1830 Vine