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

Do not use this space.

6795

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No. 961

Township Kan — Primary Registration District No. 1002 — Registered No.

City K.C. Mo (No. 35 " & Raytown Rd St. Ward)

**2. FULL NAME** Ed Hollis

(a) Residence. No. 2228 Brooklyn Ave St. 4 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) |
|---|---|---|
| Male | Colored | Mid |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29 - 1889

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 10 | 24 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Taxi Driver
(b) General nature of industry, business, or establishment in which employed (or employer) Sutts Livery
(c) Name of employer Ed Hollis

100

9. BIRTHPLACE (CITY OR TOWN) Higginsville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Frank Hollis

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

12. MAIDEN NAME OF MOTHER Josephine Wilson

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

14. INFORMANT Mrs E. E. Pullum
(Address) 3417 E 21 St St.

15. FILED 7/27, 1929 M. M. Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23-1929

17. Deputy Coroner

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - Firearms

173 (duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Inspection

7/23 (Signed) [signature], M. D.

7/23/29 (Address) Deputy Coroner

*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 | DATE OF BURIAL |
|---|---|
| Highland Cem. | Mar 1st 1929 |
| 20. UNDERTAKER | ADDRESS |
| H. B. Moore | 1820 E 18th |

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.