

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1000

File No. 3720  
Registered No. 950  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lucy E. Holloway  
(a) Residence. No. 5711 Maple St., 5 Ward.

Length of residence in city or town where death occurred yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
82 0 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife 186A  
(b) General nature of industry, business, or establishment in which employed (or employer) At Home 111B  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lexington  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER John Smithson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Elizabeth Donaldson

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

14. INFORMANT Ephraim J. Teaney  
(Address) 5711 Maple St

15. FILED: 25 1931 W. C. Standley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Jan 24 1931, and that I last saw her alive on Jan 24 1931 at 10:40 P. and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hypostatic Pneumonia #103

18. WHERE WAS DISEASE CONTRACTED 196 W  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) fractured Hip (Right)  
from fall - 1929 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at home  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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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. A. H. Dick

