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.

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

Do not use this space.

7680

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2041

City St. Louis (No. City Hospital #1 St. ..... Ward)

#19738

2. FULL NAME Frieda Hollie

(a) Residence. No. 1026 So. 8th St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Edward Hollie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-30-1902

7. AGE: Years 28 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 2 5
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Wm Horack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Eliz Francis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y. 2

14. INFORMANT: E. Rowan
(Address): City Hospital

15. FILED FEB 16 1931 19 Max C Parker Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb. 13, 1931 that I last saw her alive on Feb 13, 1931, and that death occurred, on the date stated above, at 2 o'c P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
(cause undetermined)

129 (duration) ..... yrs. ..... mos. ..... ds.

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

129

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? Refused

WHAT TEST CONFIRMED DIAGNOSIS? Laparotomy

(Signed) Raymond Jacobs, M. D

2/13, 1931 (Address) City Hospital

*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: Leadington Mo — DATE OF BURIAL: 2-16 1931

20. UNDERTAKER: McLaughlin — ADDRESS: 1631 Mo. ave.

Hollie