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

Do not use this space.

16764

MAY 27 1931

1. PLACE OF DEATH
County Schuyler — Registration District No. 806 — File No.
Township ~~Prairie~~ — Primary Registration District No. 4485 — Registered No.
City Queencity Mo, (No. ..... St. ..... Ward)

2. FULL NAME Hazel Perin Hollowell
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 2nd 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	6	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Her Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co, Mo, /

PARENTS
10. NAME OF FATHER Hamer Perin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perin Town (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Hannah Seeley Bower
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co, MO, /

14. INFORMANT Miss Coril Perin
(Address) QueenCity Mo.

15. FILED 4/10/ 1931 J. O. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Apr 7, 1931 that I last saw her alive on Apr 7, 1931, and that death occurred, on the date stated above, at 12 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Rectum.
46D
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 46D
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF Aug 1931
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. P. Grow D.O. M.D.
, 19 (Address) Queen City Mo

*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 Queencity Cemetery — DATE OF BURIAL 4/9 1931

20. UNDERTAKER Wm N West — ADDRESS Queencity Mo

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.