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

Do not use this space.

34261

1. PLACE OF DEATH
County Hickory — Registration District No. 365 — File No. 17
Township — Primary Registration District No. 5511 — Registered No.
City Wheatland (No. , St. Ward)

2. FULL NAME Celie E. Hollerman
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas J. Hollerman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-25-1859
7. AGE: YEARS 72 — MONTHS 4 — DAYS 10. — If LESS than 1 day, 6 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parkersburg Ill.

FATHER
13. NAME: Wesley Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Johnston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs. Jim Moore. Wheatland Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gentry DATE: Oct 6 1931
19. UNDERTAKER (ADDRESS): J. R. Luckey Wheatland Mo
20. FILED: Oct-6-, 1931 Mrs. A. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 5-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug-, 1929, to Oct-5-, 1931
I last saw her alive on Aug-20-, 1931. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dont know

Other contributory causes of importance:

23

Name of operation — Date of —
What test confirmed diagnosis? Microscope Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. S. Johnston, M. D.
(Address) Wheatland, Mo