

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

Do not use this space.

34427

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 408 West 19th St.) _____ St. _____ Ward _____

File No. _____
Registered No. 4142
St. _____ Ward _____

2. FULL NAME

Augusta Holloway
(a) Residence, No. 408 West 19th St. St. ? Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Holloway</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3, 1876</u>				
7. AGE <u>55</u>	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Kansas City</u> (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>Theo. Guenther</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Augusta Nemier</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Charles Holloway</u> (ADDRESS) <u>408 West 19th St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill Cem.</u> DATE <u>10-13</u> 19 <u>31</u>				
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood Blvd.</u>				
20. FILED <u>10/2</u> 19 <u>31</u> <u>M. M. Browne</u> Registrar.				

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1928, to Oct 12, 1931
I last saw her alive on Oct 12, 1931. Death is said to have occurred on the date stated above, at 10:30 A.M.
The principal cause of death and related causes of importance were as follows:

1. <u>Carcinoma of Breast</u>	Date of onset <u>1927</u>
2. <u>Acute Toxic Myocarditis</u>	<u>50</u>
3. <u>Mediastinal Carcinoma</u>	<u>52</u>
Other contributory causes of importance: <u>General Metastatic Carcinoma</u>	<u>1930</u>

Name of operation Breast Amputation Date of 1928
What test confirmed diagnosis? Path. Exam 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) J. E. Aubrey, M. D.
(Address) 1225 Reatta Alley

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.

~~Pro. 123456789~~
Paulta 2+4

Av. 5000