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

Do not use this space.

1. PLACE OF DEATH
3 County Atchison Registration District No. 20 File No. 36
Township Garden Primary Registration District No. 5027 Registered No.
City Tarkio (No. , St. Ward)

2. FULL NAME Emmy Lou ~~Holloway~~ Holloway

(a) Residence, No. (Usual place of abode) St., Ward.
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.

MAR 31 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 31-1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	9	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child 92
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 95
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 113

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamburg Iowa

FATHER
13. NAME: Alfred Holloway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Gladdis Murchis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): A. Alfred Holloway Tarkio Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio Cemetery DATE Jan 13 1932

19. UNDERTAKER (ADDRESS): J. M. Davis Tarkio, Mo.

20. FILED Jan 11 1932 Ora Waugh Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9-11 8 PM, 1932, to Jan 10 9:30 AM, 1932
I last saw h. er alive on Jan 10 9:30 AM, 1932. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of the Heart	
Mitral Regurgitation	
	2 yrs

Other contributory causes of importance:

Complicated by Emphysema of the Lungs	

Name of operation: Date of
What test confirmed diagnosis? Symptoms Was there an autopsy?

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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. W. Holloway, M. D.
(Address) Tarkio 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD