

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

219

1. PLACE OF DEATH  
 County DuChesne Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. 4 State Hosp # 2)  
 2. FULL NAME Grant Holloway  
 (a) Residence. No. Milan Mo St. Milan Mo Ward. Milan Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 588  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Minnie Holloway

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 16

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Co., Ky

10. NAME OF FATHER Green Holloway

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Katherine Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Records State Hosp #2  
St Joseph Mo

15. FILED 1-17, 1932 John R. Brundage REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 1931 to Jan 17 1932 that I last saw him alive on Jan 16 1932 and that death occurred, on the date stated above, at 2:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
107A  
Broncho Pneumonia  
97 (duration) yrs. mos. ds. 7  
 CONTRIBUTORY (SECONDARY) General Arteriosclerosis  
over (duration) yrs. mos. ds. 5 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH DATE OF (D)  
 WAS THERE AN AUTOPSY no  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Dr. Clifton Smith M. D.  
Jan 17, 1932 (Address) State Hosp #2  
St Joseph, 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 DATE OF BURIAL  
Mc Ginn Cemetery 1932  
 20. UNDERTAKER ADDRESS  
Glenn E. Trent Greenville

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.

23 23 1932

MARGIN RESERVED FOR BINDING

