

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

Do not use this space.

3375

1. PLACE OF DEATH

97 County Saline Registration District No. 797
Township Miami Primary Registration District No. 6040
City..... (No. St. Ward)

2. FULL NAME

Stella May Holland
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

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>Boyd C. Holland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24 - 1895</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <u>235</u>	
	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) <u>Osage Co. Mo</u>		
FATHER	13. NAME <u>James B. Cox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co. Mo</u>	
MOTHER	15. MAIDEN NAME <u>Dora B. Humeau</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co. Mo.</u>	
17. INFORMANT <u>Boyd C. Holland</u> (ADDRESS) <u>Miami, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredonia</u> DATE <u>Feb 1 1932</u>		
19. UNDERTAKER <u>T. M. Campbell</u> (ADDRESS) <u>Mars Hill, Mo.</u>		
20. FILED <u>1-30 1932</u> <u>Robert H. Sullivan</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1932, to 1-30, 1932
I last saw him alive on 1-30, 1932. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:
Hemorrhagic Septicemia
following
accidental abortion
(2nd month)
Date of onset 1-23-32

Other contributory causes of importance:
140
149B

Name of operation none Date of X
What test confirmed diagnosis? Symptoms. 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 ①

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. H. Sullivan, M. D.
(Address) Miami, 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 very important.

25 1932

