

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

Do not use this space.

7197

1. PLACE OF DEATH

112 County Webster Registration District No. 901
Township Denton Primary Registration District No. 6209
City Robersville - (No. Robersville Hospital)

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME Hazel Alice McHolland

(a) Residence, No. Wichita, Kansas 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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam McHolland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21, 1898</u>		
7. AGE	YEARS	MONTHS
	<u>33</u>	<u>2</u>
		<u>12</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hotels</u> <u>231</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) <u>Arno</u> (STATE OR COUNTRY) <u>Mo.</u> <u>1</u>		
FATHER	13. NAME <u>Wan Pettitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Arno</u> (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Laura Hage</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>va.</u> (STATE OR COUNTRY) <u>2</u>	
17. INFORMANT <u>Mrs. Gladys Hargis</u> (ADDRESS) <u>Robersville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt. Sabor Cem.</u> DATE <u>Feb. 4, 1932</u>		
19. UNDERTAKER <u>Kelley Add Ferrell</u> (ADDRESS) <u>Robersville, Mo.</u>		
20. FILED <u>Feb. 11, 1932</u> <u>Nellie B. Atkins</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1932 to Feb. 2, 1932
I last saw her alive on Feb. 1, 1932. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Peritonitis 12-2-B
12-9
12-1-B
Other contributory causes of importance:
Obstruction of bowels
Date of onset Jan. 26
Jan. 28

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) W.A. Atkins M. D.
(Address) Robersville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is especially important.

1951
1952

1953
1954

1955
1956

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Webster
Township Benton
City (No. _____) _____

Registration District No. 901
Primary Registration District No. 6209

File No. _____
Registered No. 3-
St. _____ Ward _____

2. FULL NAME

Hazel Alice McHolland

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Div.

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

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

7. AGE 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.
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)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED Apr 6 1932 Mellie Utkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date given above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Peritonitis Date of onset _____

Other contributory causes of importance:

Obstruction of lower large bowels
Unknown, Possibly Appendicitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY
121

Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAWS.

S - 7197