

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

Do not use this space.

11596

1. PLACE OF DEATH  
 10 County Boone Registration District No. 73  
 3 Township Columbia Primary Registration District No. 3006  
 8 City Columbia (No.          St.          Ward         )

2. FULL NAME Josephine Hollowell  
 (a) Residence No. 1507 Univ. Ave. 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16/1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>2</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) New York City, N.Y.

FATHER

13. NAME John Teacock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

MOTHER

15. MAIDEN NAME Adegaik Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La.

17. INFORMANT (ADDRESS) Mr. Frederick Dunlap, Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Col. Cem. DATE 4/18/32

19. UNDERTAKER (ADDRESS) Thomas McEarg, Columbia Mo.

20. FILED 4/18/32 Allie Selby Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 8, 1932

I last saw him alive on April 7, 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia Date of onset 10/11/1070

Other contributory causes of importance: ①

Name of operation Hemisect Date of death

What test confirmed diagnosis?          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?  
 If so, specify           
 (Signed) W. K. Humphreys, M. D.  
 (Address) Columbia Mo.

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.

APR 20 1932

