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

11695

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 372
Township Washington — Primary Registration District No. 1001 — Registered No.
City St. Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME Rachael B Holland
(a) Residence. No. Buchanan Co 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 Female
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 LeRoy Daniel Holland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3, 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
92	3	13	

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

9. BIRTHPLACE (CITY OR TOWN) Andrews Co. Mo
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER MacKaji Vanschoiack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky. 2
12. MAIDEN NAME OF MOTHER Luella Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky

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

15. FILED APR 18 1932 John R. Bender REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to April 16, 1932 that I last saw her alive on April 15, 1932, and that death occurred, on the date stated above, at 2:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia 1941 9-36

(duration) 3 yrs. 3 mos. 26 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis (unknown duration) Fractured Femur (caused by fall) on floor at State Hosp. (duration) yrs. mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Clifton Smith, M. D.
April 16, 1932 (Address) State Hospital #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 Savannah Mo — DATE OF BURIAL April 18, 1932

20. UNDERTAKER E. R. Sidenfaden — ADDRESS 602 So. 10

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.

MAY 23 1932