

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

Do not use this space.

15252

1. PLACE OF DEATH
 7 County Bates Registration District No. 54
 Township Hudson Primary Registration District No. 3-095-
 City Jame (No.) St. Ward

2. FULL NAME Phillis Holosick
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 6, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>1</u>	<u>1</u>	<u> </u>	<u> </u>

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

9. BIRTHPLACE (CITY OR TOWN) Appleton City, Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Alvin Holosick

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

12. MAIDEN NAME OF MOTHER Viola Eavens

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

14. INFORMANT J. A. Holosick
 (Address) Appleton City, Mo.

15. FILE June 19, 1932 Mr. A. B. Freeman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1932

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1932, to May 6, 1932, that I last saw h. alive on May 3, 1932, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
labor pneumonia

 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) A. P. Zuber M. D.
 , 19 (Address) Appleton City, 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 Appleton City, Mo. DATE OF BURIAL June 7, 1932

20. UNDERTAKER A. R. Kerney ADDRESS Appleton City, 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.

JUN 21 1932

MARKS RESERVED FOR BINDING

