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

Do not use this space.

27041

1. PLACE OF DEATH

66 County Miller — Registration District No. 561 — File No.

2 Township Saline — Primary Registration District No. 4330 — Registered No. 46

4 City Eldon (No. ..... St. ..... Ward)

2. FULL NAME Doris Jane Hollenbeck

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fe M.	w	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 11, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	11	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid 2 yrs.

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) Ohio

FATHER

13. NAME Benj R. Hollenbeck

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

MOTHER

15. MAIDEN NAME Elizia Ross

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

17. INFORMANT (ADDRESS) Alice Apperson Eldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dooley Cem DATE 8-29, 1933

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon Mo

20. FILED 8-29, 1933 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to Aug 28, 1933

I last saw her alive on Aug 28, 1933 Death is said to have occurred on the date stated above, at 5 PM m.

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

Senility

Date of onset: Don't Know

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) G. D. Walker, M. D.

(Address) Eldon Mo.

SEP 26 1933

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.