

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

Do not use this space.

**28578**

**1. PLACE OF DEATH**

County Sullivan Registration District No. 852  
 Township Buncan Primary Registration District No. 6121  
 City Browning (No. ....) St. .... Ward)

**2. FULL NAME**

Nancy M. Hollon  
 (a) Residence, No. .... St. .... Ward. ....  
 (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. (If nonresident, give city or town and State)

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James M. Hollon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 9 1855</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>7</u>
		If LESS than 1 day, .... hrs. or .... min.
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) <u>Leury Co Missouri</u>		
13. NAME <u>Stephen Baskitt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X X X X</u>		
15. MAIDEN NAME <u>Frances Slaughter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X X X X</u>		
17. INFORMANT (ADDRESS) <u>J. M. Hollon, Browning, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Oak</u> DATE <u>Aug 18 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Thorne Undert. Co. Buncan, Mo.</u>		
20. FILED <u>D/H</u> 19 <u>33</u> <u>Mayme Leffel</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 16, 1933. I last saw her alive on Aug 16, 1933. Death is said to have occurred on the date stated above, at 4 P. M.. The principal cause of death and related causes of importance were as follows:  
Sublethal obstruction  
(Probably malignant)  
 Other contributory causes of importance  
Ironition

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) M. L. Haring, M. D.  
 (Address) Browning Mo

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.

MISSOURI STATE BOARD OF HEALTH - A PERMANENT RECORD

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