

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.

85555 JAN 4 1934

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

Do not use this space. ✓

36364

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township East Blue Primary Registration District No. 3019  
City Independence No. 2nd St. Stanton St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 370

2. FULL NAME

(a) Residence, No. 431 No. Oakley 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer  
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) Oct 17-1933 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Topeka (STATE OR COUNTRY) Kansas

13. NAME Lloyd L. Hollenbeck

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Nellie Jane Hollingsworth

16. BIRTHPLACE (CITY OR TOWN) Muscatine (STATE OR COUNTRY) Iowa

17. INFORMANT Mr & Mrs L. L. Hollenbeck (ADDRESS) 431 No. Oakley

18. BURIAL, CREMATION, OR REMOVAL Not Mourned DATE Nov 20 1933

19. UNDERTAKER Rose Henderson (ADDRESS) 152 Jackson

20. FILED Nov. 20 1933 Dr. F. L. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1933  
22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1933, to 11/18, 1933.  
I last saw h. ex alive on 11/18, 1933. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia (Double)  
10/7/33  
10/9/33  
Other contributory causes of importance: conyza  
Date of onset: 10/10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinal Was there an autopsy? \_\_\_\_\_

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) Dr. F. L. Cook \_\_\_\_\_ M. D.  
(Address) 10301 Andy Ave. Kenta

