

MAY 25 1934

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

Do not use this space.

12704

1. PLACE OF DEATH
County HowellRegistration District No. 385

Township

Primary Registration District No. 4228City Willow Springs. Mo.

File No.

Registered No. 9

St. _____ Ward)

2. FULL NAME Mary E. Holland(a) Residence, No. 218 HarrisSt. 3d.

Ward.

Length of residence in city or town where death occurred 40 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 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 OFO. L. Holland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17/18667. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 128. 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.

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) Marshfield Missouri13. NAME Martin Robertson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co. N- Carolina15. MAIDEN NAME Matilda A. Walker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niangua Missouri17. INFORMANT (ADDRESS) Leo Holland Willow Springs. Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE May 1st/3419. UNDERTAKER (ADDRESS) T.R. Burns & Son. Willow Springs. Missouri20. FILED 5-1-34 J. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 193422. I HEREBY CERTIFY, That I attended deceased from April 23, 1934, to April 29, 1934I last saw her alive on April 29, 1934. Death is said to have occurred on the date stated above, at 9 pm.

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

Cerebral apoplexy Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical findings Autopsy? No23. 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) J. S. Cottrell D.D. M.D.(Address) Willow Springs, 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.

