

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Newton
City Newton (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. 16455
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 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 OF E. Holloway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>7</u>	<u>3</u>	

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. housewife

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) Jawa

13. NAME Richard McMann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis

15. MAIDEN NAME _____

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

17. INFORMANT Orba Holloway
(ADDRESS) Gardner Haus.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gardner Haus DATE May 21, 1934

19. UNDERTAKER Lipson Mortuary
(ADDRESS) _____

20. FILED 5-21 1934 Irene D Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1934, to 5-18, 1934

I last saw her alive on 5-18, 1934 Death is said

to have occurred on the date stated above, at 8 p.m.

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

apoplexy - cerebral hemorrhage Date of onset 5-18-34

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) O. R. Beck, M. D.
(Address) Newton 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.

JUN 21 1934

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