

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH.

County RandolphRegistration District No. 734File No. 17781

Township

Primary Registration District No. 4439

Registered No.

City Jacksonville (No. _____) St. _____ Ward _____2. FULL NAME Matilda Catherine Hollaw

(a) Residence, No. _____ 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

4 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-19345A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James L Hollaw22. I HEREBY CERTIFY, That I attended deceased from 4-16-1934 to 5-4-19346. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-4I last saw her alive on 5-2-1934. Death is said to have occurred on the date stated above, at 7:30 p.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 4 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retiredCerebral Apoplexy Date of onset 5-4-34

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

935
935
935

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Hypertension 1925?
Chronic Interstitial myo- 1926
carditis (+ Senility)12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo.13. NAME Jasper Hopkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa15. MAIDEN NAME Patsy Darr16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT John Hollaw (ADDRESS) Jacksonville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deep Springs Cemetery DATE 5-6-3419. UNDERTAKER Dean Ravert's Funeral Home (ADDRESS) Mobile Mo.20. FILED May 7 1934 J. M. Cates Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? No, specify _____(Signed) J. B. Staker, M. D.(Address) Ex Cello, Mo

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Randolph

Registration District No. 734

File No.

Township

Primary Registration District No. 4439

Registered No.

City Jacksonville

St.

Ward)

2. FULL NAME Matilda Catherine Hallan

(a) Residence, No.

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 F

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) w

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1855

7. AGE

YEARS

MONTHS

DAYS

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

19

R M Cater
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

5-17781