

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

Do not use this space.

24767

1. PLACE OF DEATH

County Jackson
Township 2nd
City St. Joe, Mo. (No. General Hosp. #2)

Registration District No. 311
Primary Registration District No. 10021

File No. _____
Registered No. _____
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2019 Montgall 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OR</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-22-1896</u>		
7. AGE <u>37</u>	YEARS <u>9</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundress</u>		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>Ark.</u>		
13. NAME <u>Will Holloway</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington</u>		
15. MAIDEN NAME <u>Annie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		

17. INFORMANT (ADDRESS) <u>General Hosp. #2</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lave</u> DATE <u>7-25</u> 19 <u>34</u>
19. UNDERTAKER (ADDRESS) <u>K. C. Enloe Co. Co.</u> <u>440 State Ave.</u>
20. FILED <u>July 25, 1934</u> M. M. Green Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-21</u> 19 <u>34</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>7-6</u> 19 <u>34</u> , to <u>7-21</u> 19 <u>34</u> . I last saw him alive on <u>7-21</u> 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>11:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Hypertensive Heart Disease with</u> <u>Chronic Decompensation</u> <u>Chronic Parenchymatous Nephritis</u> Other contributory causes of importance: <u>13</u> <u>1</u> <u>1</u> Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>J. O. Pinner</u> , M. D. (Address) <u>General Hosp. #2</u>

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.

AUG 21 1934

