

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.

MAR 25 1935

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

Do not use this space.

4962

1. PLACE OF DEATH

County Galloway

Registration District No. 305

File No. 6

Township Greenville

Primary Registration District No. 418

Registered No. 6

City Greenville (No. 1)

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Ralph Eugen Holipska St. Mo. Ward 1

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>s</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>3</u>	<u>8</u>	<u>12</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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) Greenville, Mo.
(STATE OR COUNTRY)

13. NAME William Holipska

14. BIRTHPLACE (CITY OR TOWN) Greenville, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Carroll M. Krause

16. BIRTHPLACE (CITY OR TOWN) Red Bird, Mo.
(STATE OR COUNTRY)

17. INFORMANT William Holipska
(ADDRESS) Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenville DATE Feb. 12, 1935

19. UNDERTAKER W. F. Kattenstrater
(ADDRESS) Greenville, Mo.

20. FILED Feb. 16, 1935 J. F. Ferrell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1935, to Feb. 10, 1935

I last saw him alive on Feb. 10, 1935 Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Whooping Cough Date of onset

Other contributory causes of importance:

Bronchitis

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) J. F. Ferrell M. D.

(Address) Greenville, Mo.

