

License #2466

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

Do not use this space.

MAY 13 1935

14829

1. PLACE OF DEATH

 County.....
 Township.....
 City St. Louis
Registration District No. 791Primary Registration District No. 1003
 File No.....
 Registered No. 3680
 St. Ward)
2. FULL NAME Ella T. Holloman(a) Residence, No. 4155a Kennerly St. 11 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

MEDICAL CERTIFICATE OF DEATH

 3. SEX Female
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 19355A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Holloman22. I HEREBY CERTIFY, That I attended deceased from 4/19 1935 to 4/20 1935I last saw her alive on 4/20 1935 Death is said to have occurred on the date stated above, at 577A6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1870

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

 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 0 25
Diabetic Coma Date of onset 4/19-35
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
 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
59
Other contributory causes of importance: Diabetic Mellitus 10 years12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriName of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....13. NAME James Madden14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Hugo Holloman
(ADDRESS) 4155a Kennerly Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 4/24 193519. UNDERTAKER C. W. Roberts
(ADDRESS) 3035 Lucas Ave.20. FILED APR 23 1935 19 11 Brudeck
Registrar.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 Diabetic Mellitus
(Signed) Chas E Roberts, M. D.
(Address) 432 1/2 N 6th St

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.

