

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

Do not use this space.

JUN 24 1935

16907

1. PLACE OF DEATH

County Johnson Registration District No. 479
 Township North Primary Registration District No. 5593
 City (No. _____) St. _____ Ward _____

File No. 14

Registered No. _____

2. FULL NAME

Markita Yvonne Holloway
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to May 5, 1935
 I last saw her alive on May 5, 1935 Death is said to have occurred on the date stated above, at 4:30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-17-1935

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.
3 18

Bronchial Pneumonia Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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

Other contributory causes of importance: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montseratt Mo.

FATHER 13. NAME Thos. M. Holloway

Name of operation _____ Date of _____
 What test confirmed diagnosis? 6 Was there an autopsy? no

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Kans.

MOTHER 15. MAIDEN NAME Christina Visor

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)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montseratt Mo.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Thos. M. Holloway Montseratt Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Knob Noster Mo. DATE May 7, 1935

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

19. UNDERTAKER (ADDRESS) P. L. Cavalls Knob Noster Mo.

(Signed) Kenneth M. Hoover, M. D.
 (Address) Knob Noster, Mo.

20. FILED May 6, 1935 Jakoch Registrar.

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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

