OCT 30 1935

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

Do not use this space.

25435-1

1. PLACE OF DEATH

County Webster — Registration District No. 898 — File No.

Township East Dallas — Primary Registration District No. 6204 — Registered No. 9.

City Marshfield, R 3. (No. , St. Ward)

2. FULL NAME Alford 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 16 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year) XX

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Illinois; Vermillion County

FATHER

13. NAME Z. C. Holloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellfontaine, Ohio

MOTHER

15. MAIDEN NAME Mary Shockley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan County, Ohio

17. INFORMANT Emma W. Holloway
(ADDRESS) Marshfield Mo R#4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic-Seymour DATE July 28, 1935

19. UNDERTAKER [illegible]
(ADDRESS)

20. FILED July 28, 1935 John W. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to July 26, 1935

I last saw him alive on July July 23 35. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Senile Gangrene-Right foot	3 mo.

Other contributory causes of importance:
Myocardial Insufficiency
(Atrophic Senile Myocarditis

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

If so, specify

(Signed) C. P. Macdonald, M. D.

(Address) Marshfield, Mo.

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.