

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

Do not use this space.

28575

OCT 17 1935

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirksville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 185

2. FULL NAME Letticie Holloway

(a) Residence, No. Kirksville 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

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1970

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 2 17

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

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) 9-21-1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Alexander Linnan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W. E. Holloway
(ADDRESS) Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE 9-24-1935

19. UNDERTAKER Dee Kelly
(ADDRESS) Kirksville, Mo

20. FILED Sept. 30, 1935 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Auto accident, driving into parked truck on highway. Side-swiped, cutting right leg off, crushing right hip and shattering skull fracture.

Other contributory causes of importance: _____

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? Accidental Date of injury 9-21, 1935

Where did injury occur? Highway # 11 N.E. Kirksville

(Specify city or town, county, and State)

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

Manner of injury Auto accident

Nature of injury leg separated, hip and skull and skull fracture

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dee Kelly Corson M. D.

(Address) Kirksville, 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.

