OCT 30 1935

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

Do not use this space.

30321 -1.

80

1. PLACE OF DEATH
County Pettis
Township
City Green Ridge (No. ..... St. ..... Ward)

Registration District No. 664
Primary Registration District No. 4397

File No.
Registered No. 14

2. FULL NAME Minnie E Hollenbeck.

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF George Hollenbeck Deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1863
7. AGE: YEARS 72 | MONTHS 3 | DAYS 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Her own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME W H. Flesher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling West Va

MOTHER
15. MAIDEN NAME Catherine Farr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Great Bend Ohio

17. INFORMANT (ADDRESS) Wilford Hollenbeck Green Ridge Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Ridge DATE Sept 23, 1935
19. UNDERTAKER (ADDRESS) G. R. Shelley, Green Ridge Mo
20. FILED Sept 23, 1935 G. R. Shelley, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to Sept 21, 1935
I last saw her alive on Sept 21, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular disease of heart with auricular fibrillation | 2 K |
| 92 a | |
| Other contributory causes of importance: Hypostatic pneumonia of right lung | 7 dos. |

Name of operation ..... 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) H. A. Hite, M. D.
(Address) Green Ridge, 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.