

Oct 30 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

31694

1. PLACE OF DEATH

County Webster
Township Beate
City Marshfield (No. _____) St. _____ Ward _____

Registration District No. 896
Primary Registration District No. 6198

File No. _____
Registered No. 38

2. FULL NAME

William R. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1857

7. AGE YEARS 78 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER FATHER 13. NAME Mathew Holloway

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

15. MAIDEN NAME Marinda Triplett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M.C.

17. INFORMANT R. M. Holloway (ADDRESS) St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Sept 25 1935

19. UNDERTAKER W. J. Linn (ADDRESS) Marshfield, Mo.

20. FILED Sept 30 1935 Elizabeth Highfill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1935

22. I HEREBY CERTIFY, That I attended deceased from October 29 1934 to September 23 1935
I last saw him alive on September 23 1935. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Carcinoma, Gastric

Date of onset 1934

Other contributory causes of importance: Anemia, Secondary.

Name of operation No. Date of _____
What test confirmed diagnosis? X-Ray, etc. 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) R. Macdonnell, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

