

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

NOV 30 1935

Do not use this space

37733
9707

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.
 City **St. Louis Mo** (No. **3323**) **Chippewa St**

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME

(a) Residence, No. **3323 Chippewa 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ratie Holloway</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 18/1863</i>		
7. AGE	YEARS	MONTHS
	<i>77</i>	<i>10</i>
		DAYS
		<i>0</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <i>Grocer Business</i>	
	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.
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Taducah Ky.</i>	
	13. NAME <i>Wm H. Holloway</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>	
	15. MAIDEN NAME <i>Wm H. Holloway</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>	
	17. INFORMANT (ADDRESS) <i>Dr. E. T. McRiss 3323 Chippewa St</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Taducah Ky.</i> DATE <i>Nov 20 1935</i>		
19. UNDERTAKER (ADDRESS) <i>J. G. Embley, Pres. 3263 3 Chippewa St</i>		
20. FILED <i>NOV 19 1935</i> <i>J. H. Brebeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 18 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 4 1935* to *Nov 18 1935*

I last saw him alive on *Nov. 18 1935* Death is said to have occurred on the date stated above, at *8:30 p.m.*

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

Anemia
Central Insufficiency

Other contributory causes of importance:
Asthenia, Depression, Reflexes

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?..... 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?
 If so, specify.....
 (Signed) *W. H. Burgess*, M. D.
 (Address) *723 1/2 S. 1st St.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

