

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

Do not use this space.

42162

JAN 21 1936

1. PLACE OF DEATH

County Shelby
Township Black Creek
City Shelbyville (No. _____, St. _____ Ward)

Registration District No. 831
Primary Registration District No. 45-04

File No. _____
Registered No. _____

2. FULL NAME

Everett Elmore Hollyman

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-18-1935

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

22. I HEREBY CERTIFY, That I attended deceased from Dec-1-1935 to Dec-18-1935

I last saw him alive on Dec-18-1935 Death is said to have occurred on the date stated above, at 7:00 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-2-1890

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 9 16

Labor Pneumonia Date of onset 12-16-35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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

Other contributory causes of importance:
Mild Attack of Tetanus 11-24-35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

13. NAME Rufus Hollyman

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.

15. MAIDEN NAME Ellen E. Richards

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Rufus Hollyman
Shelbyville, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cemetery DATE Dec-21-1935

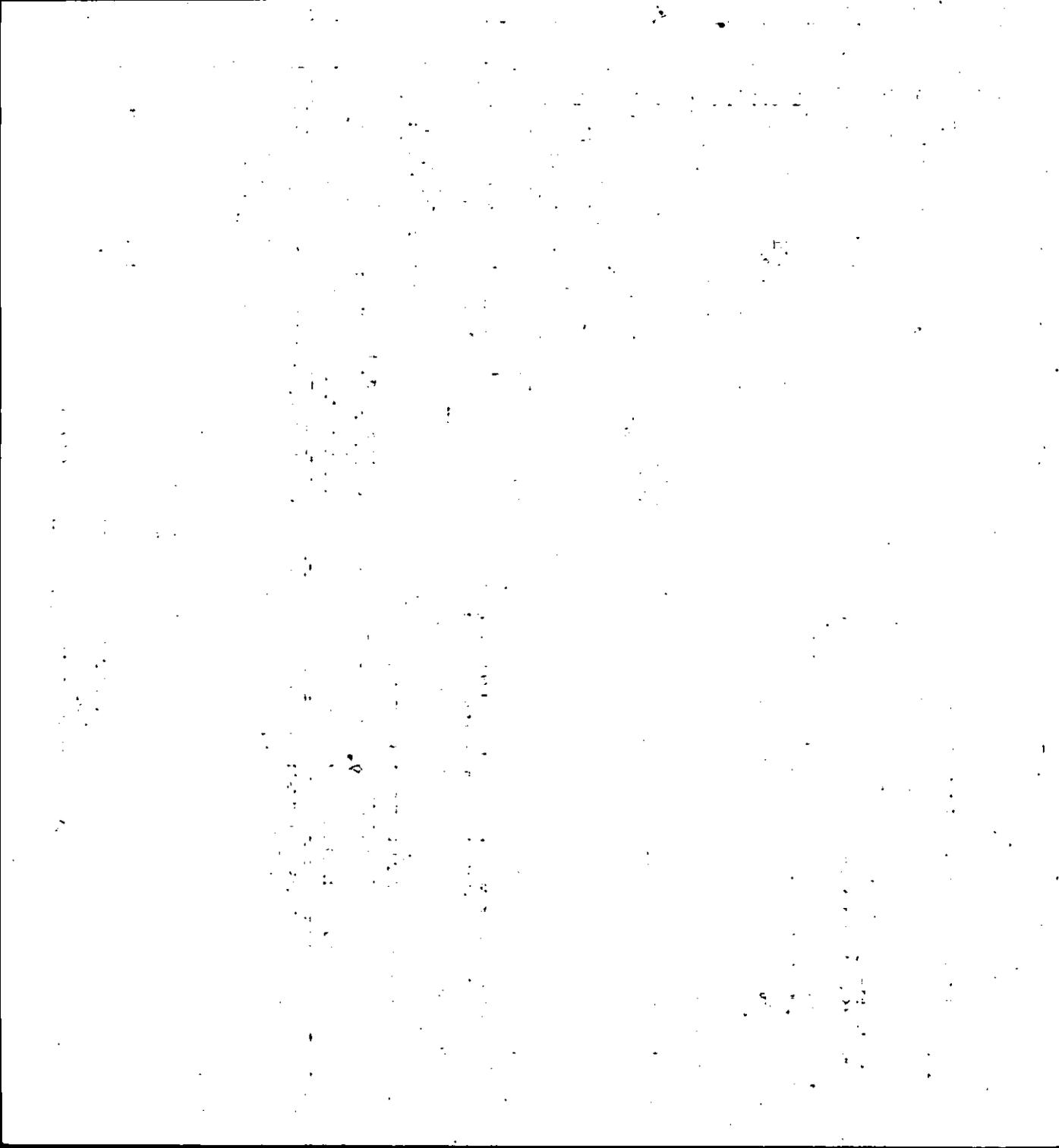
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) E. P. Thompson
Shelbyville, Mo.

(Signed) P. C. Archer, M. D.
(Address) Shelbyville Mo.

20. FILED Dec 20, 1935 Pearl Goe
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. If not known, state nearest to what it may be. Exact statement of OCCUPATION is very important.



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Primary Registration District No. 45-04

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City Shelbyville (No., St. Ward)

2. FULL NAME

Etherett Elmore Hallyman

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him 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:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

mild attack of tetanus
caused by a slight burn
on the hand this person
has had since childhood
and is epileptic

When death was due to external causes of importance, give in also the following:
Accident, suicide, or homicide. Date of injury.....

Where did injury occur..... (Specify city or town, county, and State)

Specify whether it 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) P. G. Archer, M. D.

(Address) Shelbyville mo

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

7. AGE

YEARS 45

MONTHS 9

DAYS 16

If LESS than 1 day, or 2 hrs. or less

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.....

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED Dec 20 1936 Pearl Goe Registrar.

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