APR 23 1936

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

Do not use this space.

11001

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1627
Township Raw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. , Menorah Hospital St. Ward)

2. FULL NAME Mary Holloway
(a) Residence, No. St., Ward. Harrisonville Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1896

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 39 | 6 | 7 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-maker
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) Mo

FATHER
13. NAME Ben W. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Maggie Zimmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) M. G. Holloway Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisonville Mo. DATE 3/29 1936

19. UNDERTAKER (ADDRESS) Runnenburger Harrisonville Mo.

20. FILED Mar 27, 1936 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to March 27, 1936
I last saw her alive on March 27, 1936 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:

Placenta Praevia

Date of onset

Other contributory causes of importance:

Caesarian Section
Cardio Renal Arteriosclerosis

Name of operation Caesarian Section Date of March 20
What test confirmed diagnosis? 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?
If so, specify
(Signed) Ulrich Fischer, M. D.
(Address) 528 Argyle Bldg