JUL 21 1936

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

Do not use this space.

22663

1. PLACE OF DEATH
County Hickory — Registration District No. 365 — File No. 10
Township Wheatland — Primary Registration District No. 5511 — Registered No.
City Cowry (No. , St. Ward)

2. FULL NAME Ezzebell S Holley
(a) Residence, No. Cowry 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)~~: Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 17 1845

7. AGE: YEARS 90 — MONTHS 7 — DAYS 23 — If LESS than 1 day, 3 3 0 hrs. or min.

OCCUPATION
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.: House wife
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): Hickory Co Mo

FATHER
13. NAME: Calvin Donnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Martha Witherspoon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Mrs W J Brushes Cowry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Concord DATE: June 11 1936

19. UNDERTAKER (ADDRESS): J R Lee Key Wheatland Mo

20. FILED: June 12 1936 Mrs. A S Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11 1936

22. I HEREBY CERTIFY That I attended deceased from April 10, 1936, to June 11, 1936
I last saw her alive on June 1, 1936 Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Urinalysis 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) A S Johnston, M. D.
(Address) Wheatland Mo

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.

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