

DEC 30 1936

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

Do not use this space.

40682

1. PLACE OF DEATH

County Christian
Township Frank Holloway
City _____ (No. _____) St. _____ Ward _____

Registration District No. 184
Primary Registration District No. 5256

File No. _____
Registered No. 57

2. FULL NAME

(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 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

Erwin Outbreith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29-1855

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

81 9 8

OCCUPATION

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

None at death

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) Ark

MOTHER FATHER

13. NAME Alfred Smiley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Frank Outbreith (ADDRESS) Highlandville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Frank Cemetery DATE 11-9 193619. UNDERTAKER Maples Funeral Home (ADDRESS) Grand Ave20. FILED Dec. 1 1936 Lailla Leonard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7- 193622. I HEREBY CERTIFY, That I attended deceased from Nov. Oct. 31 1936, to Nov. 7 1936I last saw him alive on Oct. 31 1936. Death is said to have occurred on the date stated above, at 6 P. m.

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

Hypertrophy of Heart with Coronary Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
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? No

If so, specify _____

(Signed) J. H. Hyde, M. D.(Address) Ozark M.

