

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

Do not use this space.

1. PLACE OF DEATH *Jackson* *Mo*

County *Jackson*

Registration District No.

Township *Kaw*

Primary Registration District No.

City *Kansas City*

(No. *Memorial Hosp.*)

File No. *47608*

Registered No. *555*
232
Ward

2. FULL NAME *Infant* of *M. G. & Mary A Holloway*

(a) Residence, No. St. Ward. *Harrisonville*
(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 18-1936*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>-</i>	<i>-</i>	<i>-</i>	

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

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) *Kansas City Mo.*

FATHER 13. NAME *Myron G. Holloway*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cass Co. Mo.*

MOTHER 15. MAIDEN NAME *Mary A Taylor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cass Co. Mo.*

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

18. BURIAL, CREMATION, OR REMOVAL PLACE *Harrisonville Mo.* DATE *3/19 '36*

19. UNDERTAKER *Rummenbuegler's Mo.*
(ADDRESS) *Harrisonville*

20. FILED *3/19 1936 M. M. Cron*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-18 1936*

22. I HEREBY CERTIFY That I attended deceased from *March 15 1936* to *March 17 1936*

I last saw him alive on *March 15 1936* Death is said

to have occurred on the date stated above, at *10:30 p.*

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

Still Born.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Alv. Trischer* M. D.
(Address) *518 Argyle Bldg*

.....

.....

.....

.....

.....

.....

.....

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.

100 files

Argyle Bldg

