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.

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

FEB 15 1937

Do not use this space.

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1. PLACE OF DEATH

County BUCHANAN — Registration District No. — File No.

Township WASHINGTON — Primary Registration District No. — Registered No. 29

City ST. JOSEPH, (No. MISSOURI METHODIST HOSPITAL St. Ward)

2. FULL NAME GUY BROWN HOILES

(a) Residence, No. GREENVILLE, ILL St., Ward. Greenville Ill
(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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPTEMBER 10, 1877

7. AGE: YEARS 59 — MONTHS 3 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: INSPECTOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: FEDERAL LAND BANK
10. Date deceased last worked at this occupation (month and year): JAN. 6, 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GREENVILLE, ILLINOIS

FATHER

13. NAME: CHAS. DOUGLAS HOILES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GREENVILLE, ILL

MOTHER

15. MAIDEN NAME: JULIETTE WHITE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WAKE FOREST N.C.

17. INFORMANT (ADDRESS): CHAS. DOUGLAS HOILES GREENVILLE, ILL

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREENVILLE, ILL DATE JAN 9th 1937

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN, ST. JOSEPH, MO.

20. FILED 1-11- 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN 9, 1937, 19

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ VIEWED JANUARY 9, 1937, 19, to, 19

I last saw h alive on, 19. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

INJURIES RECEIVED IN AUTO COLLISION — Date of onset 1-6-37

Other contributory causes of importance: NONE

Name of operation NONE Date of

What test confirmed diagnosis? HISTORY Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of injury 1-6-, 1937

Where did injury occur? NEAR CAMERON MISSOURI (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACE

Manner of injury AUTO COLLISION

Nature of injury FRACTURED SCULL-BROKEN LIMB

24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify NONE

(Signed) B. W. Tadlock CORONER, M. D.

(Address) St Joseph Mo