

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

Do not use this space.

648

1. PLACE OF DEATH  
 County Polinton Registration District No. 206  
 Township Lathrop Primary Registration District No. 4134  
 City Lathrop (No. ....) St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME Hally D. Holoverstod  
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hrs. or .....min.
	<u>1</u>	<u>8</u>	<u>7</u>	

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. \_\_\_\_\_

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) Lathrop, Mo.

13. NAME Bland T. Holoverstod

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop, Mo.

15. MAIDEN NAME Lillian E. Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop, Mo.

17. INFORMANT Bland T. Holoverstod  
 (ADDRESS) Lathrop, Mo.

18. BURIAL, CREMATION, OR REMOVAL CREMATED  
 PLACE McWright DATE Jan-18-37

19. UNDERTAKER Leo H. Oriskany  
 (ADDRESS) Lathrop, Mo.

20. FILED Jan 18, 1937 E. B. Brunkner  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 17, 1937  
 Last saw her alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Right Lobar Pneumonia Date of onset Jan 13, 37

Other contributory causes of importance:  
Right heart failure Jan 14, 37  
Myopathia (all life)

Name of operation none Date of \_\_\_\_\_

What test applied? None 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 no

(Signed) [Signature], M. D.  
 (Address) Lathrop, Mo.

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

