

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH *Greene 391* Registration District No. *318* File No. *11910*
County *Greene* Primary Registration District No. *2001* Registered No. *0210*
Township *Springfield* (No. *St. John's Hospital*) St. _____ Ward)
City *Springfield*
2. FULL NAME *George M. Holloway*
(a) Residence No. *1457 E. High* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widower</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widower</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 5 - 1857</i>		
7. AGE YEARS <i>80</i>	MONTHS <i>2</i>	DAYS <i>7</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Blacksmith</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>In Shop</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lincoln Mo.</i>		
13. NAME <i>Harrison Holloway</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
15. MAIDEN NAME <i>Elizabeth Goodman</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT (ADDRESS) <i>Mrs. Sterling Williams Oklahoma City Okla.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Green Lawn</i> DATE <i>Mar 13 1937</i>		
19. UNDERTAKER (ADDRESS) <i>J.W. Hunter Sps. Co. Springfield Mo.</i>		
20. FILED <i>Mar 13 1937 Chas. A. George</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/12 1937*

22. I HEREBY CERTIFY, That I attended deceased from *3/4* 1937, to *3/12* 1937.
I last saw him alive on *3-11* 1937. Death is said to have occurred on the date stated above, at *2A* m.
The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia
Date of onset _____

Other contributory causes of importance: *1660
Fractured R. Hip
Shock*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *accident* Date of injury *3-4, 1937*
Where did injury occur? *at home*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury *fell on getting up during night*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) *C. E. Teller*, M. D.
(Address) *Springfield 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.

