

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

Do not use this space.

**APR 22 1937**

**1. PLACE OF DEATH**

County Mississippi Registration District No. 566 File No. 12662  
 Township Franklin Primary Registration District No. 3030 Registered No. 71  
 City Charleston No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Allen Holloway Owen St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
near 73

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher  
 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) Brownsville 2 Tennessee

13. NAME Raud Holloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Marial Holloway No. Charleston

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove City DATE March 27 1937

19. UNDERTAKER (ADDRESS) Frank J. General Service Charleston

20. FILED 3-27-1937 F. J. Vernon Registrar.

**MEDICAL CERTIFICATE OF DEATH 4 P.M.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1937

22. I HEREBY CERTIFY, That I attended deceased Frank March 25, 1937, to March 25, 1937

I last saw h. fr. alive on 3/25, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Diabetes Mellitus D.K.  
(Come) 9/25/37

Other contributory causes of importance: 59

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Diab. 41 sugar Was there an autopsy? \_\_\_\_\_

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) E. Chas. Palmer M. D.  
 (Address) Charleston

Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

67  
3  
4

2  
31  
31

