

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 13116

Township moberty

Primary Registration District No. 3034

Registered No. 67

City Union (No. 314)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 314 Union St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Mar 6 1937
I last saw him alive on Mar 3 1937 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 2

Coronary Disease
Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 _____

Other contributory causes of importance: MI
MI
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME James Holloway

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

15. MAIDEN NAME Sarilda Hudson

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

17. INFORMANT (ADDRESS) John Holloway
moberty mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. Co DATE March 8 1937

19. UNDERTAKER (ADDRESS) Mahan and Son
moberty mo

20. FILED Mar 8 1937 Ethel C. Eaton Registrar.

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) Lothwick _____, M. D.
(Address) Moberty Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

