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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
County Buchanan — Registration District No. 86 — File No. 19560
Township Washington — Primary Registration District No. 5127 — Registered No. 32
City ~~St. Joseph~~ (No. Almedia & Benjiman St. Ward)

2. FULL NAME William Holloway
(a) Residence, No. Almedia & Benjiman St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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 Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May II-1853

7. AGE YEARS 84 MONTHS 0 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Fred Trent St. Joseph

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE May I4 1937

19. UNDERTAKER (ADDRESS) Barry Wylie Mortuary 218 So 14 St Joseph

20. FILED May 13, 1937 B. W. Tadlock MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May II 1937

22. I HEREBY CERTIFY, That I Viewed attended deceased from May I3th 37, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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? no
If so, specify.
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

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.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] importance:

[illegible] of operation [illegible] Date of [illegible]

[illegible] Was there an autopsy?

[illegible] If death was [illegible] (violence), fill in also the follow[illegible]

[illegible] Date of injury [illegible]

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.

[illegible] Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) [illegible]

[illegible] UNDERTAKER
(ADDRESS)

20. FILED [illegible] 19 [illegible]

Registrar.