

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

Do not use this space.

JUN 30 1937

21555

21

1. PLACE OF DEATH

116 County Taney
Township Oliver
City (No. 2)

Registration District No. 859
Primary Registration District No. 6130

File No. 21
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Jan 27 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
15 3 13

OCCUPATION 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) Hollister (STATE OR COUNTY) mo

13. NAME Sam Holliday

14. BIRTHPLACE (CITY OR TOWN) Taney (STATE OR COUNTY) Mo

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTY) _____

17. INFORMANT Sam Holliday (ADDRESS) Hollister Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Polys Club DATE 5/11 1937

19. UNDERTAKER F. G. Mitchell (ADDRESS) Hollister Mo

20. FILED 5/11 1937 John A. Baxter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937, to May 10, 1937. I last saw et alive on May 10, 1937. Death is said to have occurred on the date stated above at 7 P. m.

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

Patent Foramen ovale Date of onset at birth
Secondary anemia
Colitis

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) Dr. E. E. Hiltner M. D.

(Address) Branson, 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.

