JUL 27 1937

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

Do not use this space.

23472

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1. PLACE OF DEATH

County CLAY — Registration District No. 198 — File No. 85

Township FISHING RIVER — Primary Registration District No. 3011 — Registered No.

City EXCELSIOR SPRINGS (No. ..... St. ..... Ward)

2. FULL NAME John H. HOLLIED

(a) Residence, No. 710 S. Marietta St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 Earmah Hollied

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1867

7. AGE — YEARS 70 — MONTHS 1 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. Carpenter Contractor
10. Date deceased last worked at this occupation (month and year) June 27-1937
11. Total time (years) spent in this occupation 40

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

FATHER

13. NAME Fred Hollied
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Helfrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt Cr. Mo.

17. INFORMANT (ADDRESS) Earmah Hollied Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weston, Mo. DATE June 29th 1937

19. UNDERTAKER (ADDRESS) HERBERT HOPE EXCELSIOR SPRINGS.

20. FILED June 28, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P. m.

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

Coronary Thrombosis

Date of onset

Other contributory causes of importance: he was amr heated or had sunstrope about one year ago

Name of operation ..... 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 no

(Signed) M. Jno. Wyong Coroner, M. D.

(Address) Liberty Clay County Mo

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.