

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No.) Research Hospital St. Ward)

File No. 1328
Registered No. 16

2. FULL NAME Kenneth M. Holloway 400

(a) Residence, No. 2320 Silver Ave. K.C.K. Ward.
(Usual place of abode) (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

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 Mrs. Oma Lee Holloway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
36 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Motor Co.
10. Date deceased last worked at this occupation (month and year) Dec. 28, 37 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bagwell Texas

FATHER 13. NAME William W. Holloway

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

MOTHER 15. MAIDEN NAME Emaline Thompson

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

17. INFORMANT Mrs. Oma Lee Holloway
(ADDRESS) 2320 Silver K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE Jan. 3 1938

19. UNDERTAKER Simmmons & Son
(ADDRESS) 1404 So. 37th St. K.C.M.

20. FILED Jan 3 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 38 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937 to Jan 1 1938

I last saw him alive on Jan 1 1938 Death is said

to have occurred on the date stated above, at 5:30 p. m.

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

Lobar pneumonia Date of onset Dec 28
108 1937

Other contributory causes of importance:

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? NO 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 NO

(Signed) Ed Miller M. D.

(Address) 1441 So. 33rd Kansas City, Kans.

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.

RECEIVED

FEB 18 1937

BUREAU OF VETERINARY MEDICINE
MO. STATE BOARD OF HEALTH