

DEC'D APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH:

County AdairRegistration District No. 1

Township

Primary Registration District No. 3001City Kirkville(No. 814)North FlorenceFile No. 9859Registered No. 89St. I Ward)

2. FULL NAME

(a) Residence, No. 814 North Florence St., I Ward.

(Usual place of abode)

Columbia, Missouri
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 2 mos.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hickman Holloway6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 18547. AGE YEARS 84 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real estate & Insurance9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. office10. Date deceased last worked at this occupation (month and year) Feb. 193911. Total time (years) spent in this occupation 37 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Edward Holloway14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Caroline Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Campbell18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. DATE April 10 - 193919. UNDERTAKER (ADDRESS) DeWitt's Funeral Home20. FILED April 10, 1939 Spencer A. Greenman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 193922. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 8, 1939I last saw him alive on April 5, 1939. Death is said to have occurred on the date stated above, at 9:10 p.m.

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

Third degree burn - over back, legs & hand. Date of onset 4-7-39Other contributory causes of importance: Kidney failure 15 4-8-39Name 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? Accident Date of injury 4-7, 1939Where did injury occur? Kirkville, Mo.Specify whether injury occurred in industry, in home, or in public place. In daughter's homeManner of injury Bury from lightning pipe & catchingNature of injury Clashes on fire & third degree burn24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Spencer A. Greenman, M. D.(Address) Kirkville, Mo.

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WRITE 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.

I X 9314

RECEIVED

District Health Officer No. 10

District File Number 10-39-488

Date Filed APR 11 1939