

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.

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

*McNeick*

Do not use this space.

REC'D APR 20 1939

1. PLACE OF DEATH

80  
4  
4

County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 3039  
City Sedalia (No. 416 E. 12<sup>E</sup>)  
400 Frank W. Holloway St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 11860  
Registered No. 94

2. FULL NAME

(a) Residence, No. 416 E. 12<sup>E</sup> St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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 Laura Dell Holloway  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 - 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 0 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Brakeman  
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) March - 1914 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME George B. Holloway

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

MOTHER 15. MAIDEN NAME UNK

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

17. INFORMANT Mrs. F. W. Holloway  
(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3-11-1939

19. UNDERTAKER McLaughlin Bros 906  
(ADDRESS) Sedalia

20. FILED 3-11-1939 Mrs. Harry Sneed  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1939, to Mar. 10, 1939.  
I last saw him alive on Mar. 10, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis (left sided paralysis) Date of onset Jan 2 1939

Other contributory causes of importance: arteriosclerosis  
chronic myocardia

Name of operation none Date of operation \_\_\_\_\_  
What test confirmed diagnosis? chest 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) Chas. W. McNeick, M. D.  
(Address) Sedalia, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4/10/39