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.

REC'D JUN 8 1939

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

Do not use this space.

1. PLACE OF DEATH
County Adair
Township Salt River
City Brashear (No. ..... St. ..... Ward)

Registration District No. 4
Primary Registration District No. 4001

File No. 17863
Registered No. 120

2. FULL NAME 400 Mrs Lucy Holloway
(a) Residence, No. ..... St., ... 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos H. Holloway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19" 1858
7. AGE YEARS 80 MONTHS 7 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Adair Co. Mo.

FATHER
13. NAME Ira Elliott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Violette Hopkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo

17. INFORMANT (ADDRESS) Mrs N. R. Patterson Brashear, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Brashear DATE 5/15" 1939
19. UNDERTAKER (ADDRESS) F. R. Easley Brashear Mo
20. FILED May 20, 1939 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14", 1939
22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to May 14th, 1939
I last saw her alive on May 14, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Chronic Myocarditis	
with Valvular disease	

Other contributory causes of importance:
Rheumatic arthritis

Name of operation 0 Date of —
What test confirmed diagnosis? Clinical & Lab. 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) Geo. F. Lurrd, M. D.
(Address) Kirksville, Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-39-962
Date Filed MAY 24 1939