

MAY 27 1930

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

Do not use this space.

13705

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1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond R.F.D. (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 32
St. Ward

2. FULL NAME

Edith Holloway
(a) Residence No. St. Ward
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 23 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 0 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTY) Arkansas

10. NAME OF FATHER Fred Holloway

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Alpha Perkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't Know

14. INFORMANT Fred Holloway
(Address) Richmond R.F.D.

15. 3-30 E. E. Day
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr
March 1, 1930, to Apr 4, 1930
that I last saw h. alive on Apr 4, 1930, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart
9:30 (duration) yrs. mos. ds. 1
acute myocarditis
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 2 1/2

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Clinical)

(Signed) H. P. Jelloche, M. D.

, 19 (Address) 231 West Side Hwy, R. 6 Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New Hope Cem.

DATE OF BURIAL

4-23-30 19

20. UNDERTAKER

W. W. Manner Richmond Mo.

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS AN IMPROVED RECORD

