

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

Do not use this space.

33846

OCT 17 1934

1. PLACE OF DEATH

County Ray

Township Channing

City Ray

Registration District No. 739

Primary Registration District No. 5774

File No. _____

Registered No. 119

St. _____ Ward _____

2. FULL NAME Helen Ida Holloway

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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)

infant

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

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

7/18/34

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

0

2

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Orick, mo

MOTHER FATHER

13. NAME

Charles Harrison Holloway

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

Orick, mo

15. MAIDEN NAME

Soldie Claypole

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

Orick, mo

17. INFORMANT (ADDRESS)

Charlie Holloway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Charles, mo

DATE

9-28 1934

19. UNDERTAKER (ADDRESS)

St. Charles, mo

20. FILED

10-9-34

19

6-6

Ray

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9-27 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7/18 1934 to 9/27 1934

I last saw h. ext. alive on Sept 27 1934 Death is said

to have occurred on the date stated above, at 7:15 A. m.

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

malnutrition Date of onset 11/28

158

119

Other contributory causes of importance:

Diarrrhea

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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

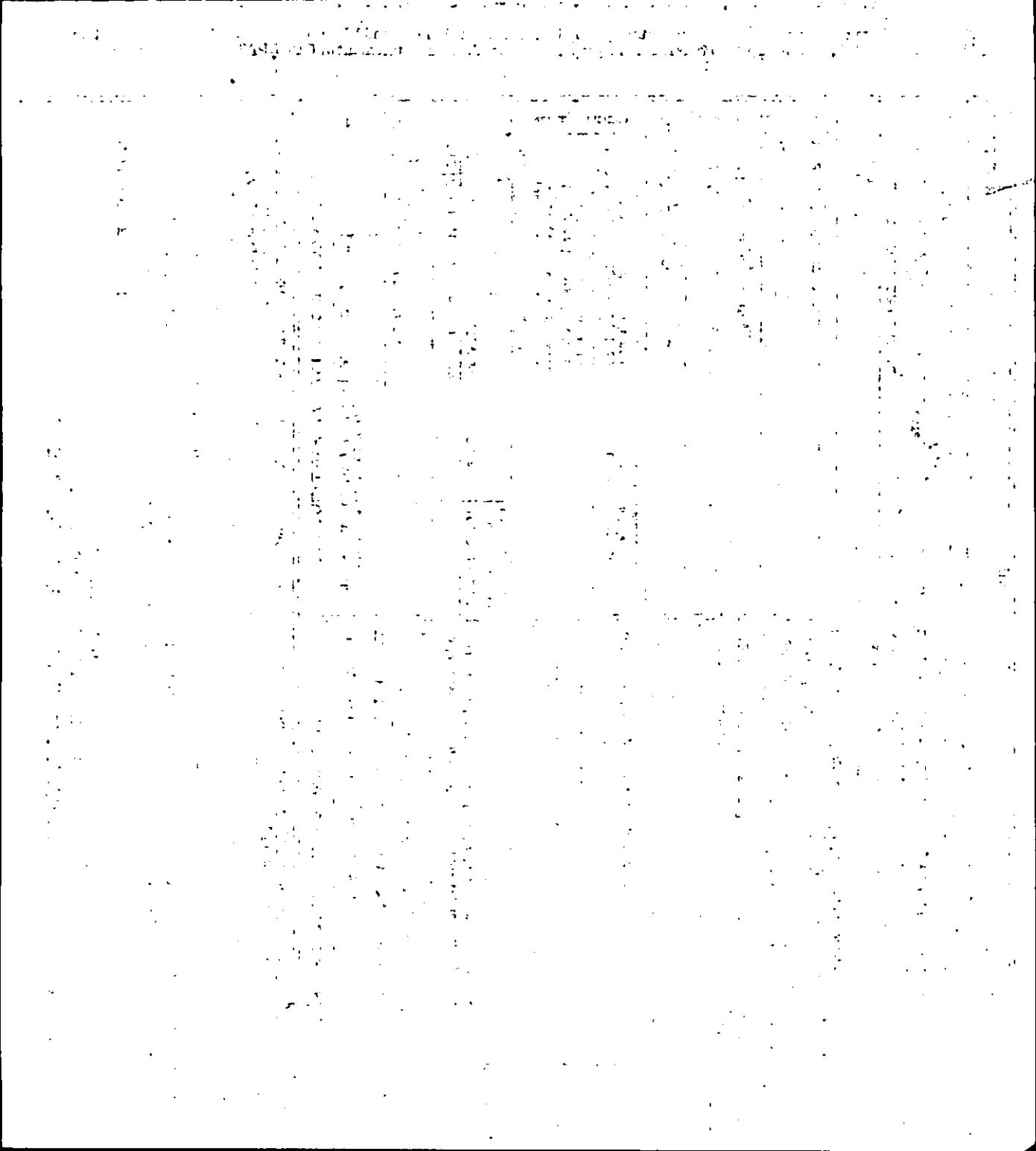
If so, specify _____

(Signed) W. S. Tate, M. D.

(Address) Orick, 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.

WHILE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray

Registration District No. 939

Township Camden

Primary Registration District No. 5974

City Camden (No. _____)

File No. _____

Registered No. 119

2. FULL NAME

Helen Ida Hallaway

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Orick, Mo.

13. NAME Charles Harrison Hallaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orick, Mo.

15. MAIDEN NAME Soldie Claspole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orick, Mo.

17. INFORMANT (ADDRESS) Charlie G. Hallaway

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickman, Mo. DATE 9-28 1934

19. UNDERTAKER (ADDRESS) A. W. Mansour, Richmond, Mo.

20. FILED Dec 7 1934 W. W. Burgess Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-18-1934 to 9-27-1934

I last saw her alive on Sept - 27, 1934. Death is said to have occurred on the 27 day of Sept, 1934, at 7:15 A. m.

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

Malnutrition
Diarrhea

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 1934

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) O. S. Pate, M. D.
(Address) Orick, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-33846