NOV 17 1936

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

Do not use this space.

36563

1. PLACE OF DEATH
County Andrew. Registration District No. 13
Township Nodaway Primary Registration District No. 5016
City ~~Savannah~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Rose Mary Marcharn Hollenbach

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-12 1936

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

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) Savannah Mo.

FATHER
13. NAME Frank Hollenbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia Mo

MOTHER
15. MAIDEN NAME Mary Josephine Marcharn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia Mo

17. INFORMANT Mary Josephine Marcharn
(ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah DATE Oct 12 1936

19. UNDERTAKER E. C. Breit
(ADDRESS) Savannah Mo.

20. FILED 10-12 1936 Mrs A R King
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1936, to 10-12, 1936
I last saw her alive on 10-12, 1936. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature about seven months	

Other contributory causes of importance:
Premature birth

Name of operation ..... 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? ..... 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 R Gilling, M. D.
(Address) Savannah 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7044