26 1928

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

Do not use this space.

1. PLACE OF DEATH
County Newton — Registration District No. 615 — File No. 24598
Township — Primary Registration District No. 5817 — Registered No. 18
City Diamond (No. ..... St. ..... Ward)

2. FULL NAME Mary Ann Holley.
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 66 yrs. 6 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF William Ryley Holley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16. 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	21.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) L
(c) Name of employer L

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas.

PARENTS
10. NAME OF FATHER John Blooming Harper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known.
12. MAIDEN NAME OF MOTHER Mary Blevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas.

14. INFORMANT Mr Frank Holley.
(Address) Galena, Belleville Mo

15. FILED 7-6, 1928 U S Chapman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 5, 1928 that I last saw his alive on June 4 30, 1928, and that death occurred, on the date stated above, at 7 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82 A Apoplexy
Died Instantly (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

7 4 a

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? none
(Signed) R. F. Cheatham, M. D
7-6, 1928 (Address) Diamond 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: Finis Cemetery — DATE OF BURIAL: July 7th 1928

20. UNDERTAKER: Jas Hatman — ADDRESS: Granby 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.