

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

Do not use this space.

26790

1. PLACE OF DEATH  
 County Clay Registration District No. 203 File No. \_\_\_\_\_  
 Township Beattie Primary Registration District No. 5281 Registered No. \_\_\_\_\_  
 City Smithville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wallace Hamilton Holliday  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-27-1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 11 13

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

9. BIRTHPLACE (CITY OR TOWN) Smithville, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Thos. J. Holliday  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Valley Falls, Ark.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mary Rivers  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co., Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mary Holliday  
 (Address) Smithville Mo.

15. FILED 8/10, 1928 E. C. Hill  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 5-28  
Aug 9, 1928, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Aug 9, 1928, and that death occurred, on the date stated above, at Aug 9 - 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

2-3 A (duration) 1 yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) 31 (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTACTED  
 IS NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) F. A. Bagley, M. D.  
8-9-1928 (Address) Smithville

\*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 Smithville, Mo. DATE OF BURIAL 8-10-1928

20. UNDERTAKER McCormas Undert. ADDRESS Smithville, 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.

