22 1928

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

Do not use this space.

35745

1. PLACE OF DEATH
County: Scott
Township: Richland
City: Sikeston (No. ..... St. ..... Ward)
Registration District No.: 871
Primary Registration District No.: 6070
File No.: 83
Registered No.: .....

2. FULL NAME: Susana Holland
(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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	10	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House 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 COUNTRY): Tennessee

PARENTS
10. NAME OF FATHER: James Harshaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mary Wickley
(Address): Sikeston Mo

15. FILED: 11/10/28 Walter E. Dennis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 22 1928

17. I HEREBY CERTIFY, That I attended deceased from About Oct 15, 1928, to Oct 21, 1928, that I last saw her alive on Oct 15, 1928, and that death occurred, on the date stated above, at About 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1/2 Cancer of liver.
I saw this lady only one time any
She was suffering with liver trouble.
She was found dead in bed
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 44 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. A. Mayfield, M. D
Oct 22, 1928 (Address) Sikeston 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: C.K. Grove Charleston
DATE OF BURIAL: 10/23 1928

20. UNDERTAKER: H. J. Welsh
ADDRESS: Sikeston 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.