JUN 25 1929

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

Do not use this space.

17664

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. ..... St. ..... Ward)
Registration District No. 218
Primary Registration District No. 3015
File No.
Registered No. 57

2. FULL NAME Cornelia D. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Black
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED (write the word)~~ Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ G. D. Holliday

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10th 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	10	00	

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

9. BIRTHPLACE (CITY OR TOWN) Boonville
(STATE OR COUNTRY) Missouri

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

14. INFORMANT G. D. Holliday
(Address) Boonville Mo.

15. FILED May 12, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/1-29, 19..., to 5-10-, 1929, that I last saw her alive on 2/1-29, 19..., and that death occurred, on the date stated above, at 2:35 O'clock P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uterine Carcinoma
48
(duration) 2 or 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.

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?
(Signed) H. D. Quigg M. D
5/11, 1929 (Address) Boonville, 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 Boonville City Cem.
DATE OF BURIAL May 12th 1929

20. UNDERTAKER Schwitzky Meister
ADDRESS Boonville 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.

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