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

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.

JUL 27 1931

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

Do not use this space. 22267

1. PLACE OF DEATH

County Nodaway — Registration District No. 625 — File No.

Township Polk — Primary Registration District No. 3031 — Registered No. 65

City Maryville (No. ..... St. ..... Ward)

2. FULL NAME Dennis Holaday

(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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-28-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	10		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(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) Andrew Co. Mo.

PARENTS

10. NAME OF FATHER Thomas Holaday

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elizabeth Simmons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Roy Holaday (Address) Maryville Mo.

15. FILED 6-30, 1931 C. P. Fryer MEC. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-28-1931 19

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1929, to June 28, 1931, that I last saw him alive on June 20, 1931, and that death occurred, on the date stated above, at 6:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocardial Degeneration

93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93C

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same.

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. M. Wallis Jr, M. D

, 19 (Address) Maryville 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	DATE OF BURIAL
Miriam Cemetry	8-1-1931 19

20. UNDERTAKER	ADDRESS
Campbell Funeral Home	Maryville Mo.