

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

Do not use this space.

263

85

25734

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 860
 City St. Joseph, Mo. (No. _____ State Hospital No. 2 St. _____ Ward _____)

2. FULL NAME

Virginia Holliday
 (a) Residence, No. _____ St. _____ Ward Carrollton Mo.
 (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1859.</u>		
7. AGE <u>74</u>	YEARS	MONTHS
	<u>Unknown</u>	<u>Unknown</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri Unknown</u>		
FATHER	13. NAME <u>Henry H. Brand</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
MOTHER	15. MAIDEN NAME <u>Ann Eliza Buchanan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>State Hosp # 2, Records St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carrollton Mo.</u> DATE <u>Aug 30</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>H. O. Sidey, 1802 Union Street</u>		
20. FILED <u>8-29</u> 19 <u>33</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1930 to August 29, 1933
 I last saw her alive on August 29, 1933. Death is said to have occurred on the date stated above, at 1:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
83
9:30
10:15
9:30
 Other contributory causes of importance:
Tuberculosis
Myocarditis (Chronic)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. Cleston Smith, M. D.
 (Address) St. Joseph, Mo.

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.

SEP 26 1933

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