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.

MAR 24 1934

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

Do not use this space.

4591

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 20
Township — Primary Registration District No. 2001 — Registered No.
City Springfield Mo. (No. ... St. ... Ward)

2. FULL NAME Sarah Holladay
(a) Residence, No. 6 Chicago Ill 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 Fal
4. COLOR OR RACE Wife
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S J Holladay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1851
7. AGE 72 YEARS — MONTHS 2 — DAYS 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER
13. NAME Thomas John O'Hare
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE 2/15 1934
19. UNDERTAKER (ADDRESS) Herman Lohmeyer Springfield Mo
20. FILED Feb 14 1934 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb. 14, 1934
I last saw her alive on Feb. 14, 1934 Death is said to have occurred on the date stated above, at 3 30 pm.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Arterio-sclerotic — Date of onset 1930
93 D
97

Other contributory causes of importance:
Arterio-sclerosis General

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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? ...
If so, specify ...
(Signed) Francis Blaine, M. D.
(Address) 413 Holland Bldg.