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.

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

Do not use this space.

APR 22 1935

10018

1. PLACE OF DEATH

County Nodaway. Registration District No. 628

Township Primary Registration District No. 3031

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

File No.

Registered No. 43

2. FULL NAME Augusta Clark Holliday.

(a) Residence, No. Tarkio, Mo. 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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Dr J.W.Holliday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1871

7. AGE YEARS 63 MONTHS 9 DAYS 23. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) Iowa.

FATHER

13. NAME Heman Clark.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER

15. MAIDEN NAME Emma S.Shaum.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Dr J.W.Holliday. Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tarkio, Mo. DATE Mar 19, 1935

19. UNDERTAKER (ADDRESS) W B Clement Tarkio Mo

20. FILED 3-12 1935 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8. 1935

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1935, to March 8, 1935

I last saw her alive on March 7, 1935. Death is said to have occurred on the date stated above, at 2 11 A m.

The principal cause of death and related causes of importance were as follows:

Acute Myelogenous Leukemia — Date of onset 2/14/35?

72 A

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? exam of blood 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) J A Bloomer, M. D.

(Address) Maryville Mo