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

AUG 25 1936

1 (Do not use this space.

File No. 29409
Registered No. 81

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160
Township — Primary Registration District No. 4470
City University City (No. 7117 Westmorland Ave. St. Ward)

2. FULL NAME Ada Ella Holiday Mc Cray.
(a) Residence, No. 7117 Westmorland Ave. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Wesley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19th 1855

7. AGE: Years 70 | Months 7 | Days 2 | 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) Mc Vay Town Pa.

FATHER
13. NAME Adam Holiday
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Pa.

MOTHER
15. MAIDEN NAME Martha Mary Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Pa.

17. INFORMANT Mrs. Herbert La Barr
(ADDRESS) 7117 Westmorland, ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rochester, N. Y. DATE July 22nd 1936

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive St.

20. FILED July 22 1936 Lena V. Moller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18 1936, to July 21 1936
I last saw h. alive on July 20 1936. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic myocarditis	
Uremia	3

Other contributory causes of importance:
Chronic Sclerosis

Name of operation None Date of
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 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) L. O. L. Mace, M. D.
(Address) 3555 Lindell Blvd

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.

WHEN FILLED, WITH SHADING IMAGINE THIS IS A PERMANENT RECORD