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.

JAN 21 1937

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

Do not use this space.

45551

1. PLACE OF DEATH
County MONROE — Registration District No. 582 — File No.
Township — Primary Registration District No. 4344 — Registered No. 79
City PARIS (No. , St. Ward)

2. FULL NAME SUSAN LEWIS HOLDSWORTH

(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 61 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) ~~[illegible]~~ SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 26, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	10	19	

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) RICEVILLE N. J.

FATHER
13. NAME JOHN H. HOLDSWORTH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME SUSAN POLION
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) FRED HOLDSWORTH PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE DATE 12/17 1936

19. UNDERTAKER (ADDRESS) SPEED & BLAKEY PARIS, MO.

20. FILED 12/16 1936. H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 15, 1936.

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1936, to Dec 15, 1936
I last saw her alive on Dec 15, 1936 Death is said to have occurred on the date stated above, at 2:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	N.K.
Other contributory causes of importance:	
Albino Stenosis	N.K.

Name of operation Date of
What test confirmed diagnosis? none 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) [signature], M. D.
(Address) PARIS, MO.