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.

SEP 15 1937

2

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 30207

Township — Primary Registration District No. 1001 — Registered No. 934

City St. Joseph, (No. 1411, Charles St. St. Ward)

2. FULL NAME Frances M. Holihan

(a) Residence, No. 1411 Charles St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr, 21, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1.2	94	4	6	

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) North Adams, Mass.

FATHER

13. NAME Asabel Aldrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Mass.

MOTHER

15. MAIDEN NAME Sarah Sabra Beach

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

17. INFORMANT (ADDRESS) Harry B. Holihan 1411 Charles St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cemetery DATE Aug. 30, 1937

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED Aug 30, 1937 H J Nettlebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 27, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Aug 27, 1937

I last saw her alive on Aug 26, 1937. Death is said to have occurred on the date stated above, at 10.15 A.M.

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

Arterio Sclerosis

Date of onset

Other contributory causes of importance: 97

Name of operation no 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? no

If so, specify

(Signed) L C Bauman, M. D.

(Address) Kirkpatrick Bldg, St. Joseph, Mo.