

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

Do not use this space.

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1. PLACE OF DEATH

County BUCHANAN Registration District No. 85 File No. 2100
 Township WASHINGTON Primary Registration District No. 1001 Registered No. 81
 City ST. JOSEPH, (No. 2701 FAIRLEIGH TERRACE, St. _____ Ward _____)

2. FULL NAME AGNES SMITH HALLIDAY 430

(a) Residence, No. 2701 FAIRLEIGH TERRACE St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 CHARLES H. HALLIDAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 6, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) GLASGOW 4
 (STATE OR COUNTRY) SCOTLAND 4

13. NAME ANDREW SMITH, 4

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) SCOTLAND 4

15. MAIDEN NAME BESSIE DAWSON

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY) SCOTLAND

17. INFORMANT CHARLES HALLIDAY
 (ADDRESS) 2701 FAIRLEIGH TERRACE, ST. JOSEPH

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE JAN, 24, 1938

19. UNDERTAKER FLEEMAN & SON, INC.
 (ADDRESS) 1946 Caloun St. Joseph, Mo.

20. FILED 1-21 19 38 A. H. H. H. H.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN, 20, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1938 to Jan 30, 1938

I last saw her alive on Jan 30, 1938 Death is said to have occurred on the date stated above, at 7:45 P. M.

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

Complications of Asthma
 Metastasis of mitral
 valve and thrombosis

Date of onset

Other contributory causes of importance:

RECEIVED

FEB 21 1938

Name of Coroner Shankar Date of 40
 What test confirmed diagnosis? NO 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 of injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) A. H. H. H. M. D.
 (Address) Central Bldg

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.

