

SEP 26 1938

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

Do not use this space.

28627

1. PLACE OF DEATH
 23 County Clark Registration District No. 190
 Township Madison Primary Registration District No. 5269
 City (No. St. Ward)

2. FULL NAME Clara Jane Holladay
 (a) Residence, No. St. Ward. (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 F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. B. Holladay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18, 1848

7. AGE YEARS 89 MONTHS 9 DAYS 6 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) Michigan

FATHER
 13. NAME Alonzo Jordan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER
 15. MAIDEN NAME Eliza Pooler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Wm Charles Martin, Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyville Mo DATE Aug 26, 1938

19. UNDERTAKER (ADDRESS) Edward Shack, Kahoka Mo.

20. FILED 8/26 1938 J. B. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1937, to Aug 24, 1938
 I last saw him alive on Aug 24, 1937 Death is said to have occurred on the date stated above, at 7:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Senility Date of onset 160'

Other contributory causes of importance:
Included Aug 1937

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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?
 If so, specify (Signed) J. B. Bridges, M. D.
 (Address) Kahoka Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-173

Date Filed 9-16-39