DEC'D JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH
County Holt — Registration District No. 348 — File No. 22241
Township Lincoln — Primary Registration District No. 5514 — Registered No.
City Craig (No. ..... St. ..... Ward)

2. FULL NAME Mrs Sedona Elzira Holliway
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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 Mr. Marvin A. Holliway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1872

7. AGE: YEARS 66 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. In Home
10. Date deceased last worked at this occupation (month and year) 2 weeks ago
11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South of Fairfax, Mo.

FATHER
13. NAME Mr. Thomas Combs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Miss Sarah Jane Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Marvin A. Holliway Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE English Grove DATE 6/3 1939

19. UNDERTAKER (ADDRESS) Schooler Bros Craig, Mo.

20. FILED 6-3- 1939 Mrs. Susie Swan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY That I attended deceased from April 9, 1939, to June 8, 1939
I last saw her alive on June 8, 1939. Death is said to have occurred on the date stated above, at 8:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1937
9 3 C	
Other contributory causes of importance:	
Arteriosclerosis of Coronary Arteries	?

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) V. C. Child, M.D.O.
329 (Address) Craig, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 11
District File Number 739-809
Date Filed JUL 11 1999