

MO. JAN 24 1939

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

Do not use this space.

43223

1. PLACE OF DEATH

4/2 County Henry
5 Township Farmington
0 430 City Deepwater (No. _____)

Registration District No. 357
Primary Registration District No. 4208

File No. _____
Registered No. 124 St. _____ Ward _____

2. FULL NAME Martha a. Holliday

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 1830 - 11-10-1938</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>7</u>
		DAYS <u>19</u>
	If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1938, to Dec 10, 1938.
I last saw him alive on Dec 10, 1938. Death is said to have occurred on the date stated above, at 10 P. m.

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

Flue, Lobor pneumonia
11 W

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>James Hauser</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	15. MAIDEN NAME <u>Lucinda Benard</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	

17. INFORMANT Miss L. B. Mitchell
(ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. M. Cunningham DATED Dec 11, 1938

19. UNDERTAKER Tom Hauser
(ADDRESS) Deepwater, MO

20. FILED 10-10 39 J. J. Russell
Registrar.

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. J. Russell M. D.
Deepwater, MO
315 (Address)

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

30M-10-22-36 I X9314

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.

