

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.

JUL 12 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County Carroll  
Township Carrollton  
City Carrollton (No. ....)

Registration District No. 135  
Primary Registration District No. 3010

File No. 19762  
Registered No. 59  
St. .... Ward .....

**2. FULL NAME**

(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>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. F. B. Rose</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-17-1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>St. Charles Co. Mo.</u>		
FATHER	13. NAME <u>Jam. J. Holliday</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Kennedy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Jam. Matson Carrollton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Oak Hill</u> DATE <u>6-21-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Stanley Carrollton Mo.</u>		
20. FILED <u>6-21-1934</u> <u>Wm. Haskins</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY That I attended deceased from 5-27, 1934, to 6-19, 1934  
I last saw her alive on 6-19, 1934 Death is said to have occurred on the date stated above, at 3:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset  
930  
020  
97  
Other contributory causes of importance  
Paralysis (Hemiplegia) 6/16  
Arterio-Sclerosis 1/34  
Hypertension

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? no  
If so, specify no  
(Signed) W. S. Newood, M. D.  
(Address) Carrollton Mo.

