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.

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

Do not use this space.
13146

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 4453, Cottage Ave, St. ..... Ward)

File No. 4

Registered No. 13448

2. FULL NAME Abbie Julia Holliday

(a) Residence. No. ..... St., 11 Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	Col'd	Widow.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	4	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Henry Lucas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Emily Stephens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N. C.

14. INFORMANT Edie Aikens
(Address) 4453 Cottage Ave.

15. APR -9 1927 Mar 6 Starkeoff
FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apl. 5 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/1, 1927, to 4/5, 1927, that I last saw h..... alive on 4/5, 1927, and that death occurred, on the date stated above, at 12 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ga & Dehydration (Cerebral Hemorrhage)
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 7461
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D.

4/6, 1927 (Address) 4[illegible] Easton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood

DATE OF BURIAL Apl. 9 1927

20. UNDERTAKER J S Harrison

ADDRESS 2906 Lawton Blvd.