

MAY 19 1937

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

Do not use this space.

16068

55

## 1. PLACE OF DEATH

County Clay Registration District No. 198  
Township Freshing River Primary Registration District No. 3011  
City Evansville Springs (No.     ) St.      Ward     

File No. 55Registered No.     

## 2. FULL NAME

Peter Holder  
(a) Residence, No. 108 Cliff Drive St.      Ward       
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Rosa Holder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1877

7. AGE YEARS 59 MONTHS 9 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) July 1934 11. Total time (years) spent in this occupation     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Mo13. NAME John Holder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute15. MAIDEN NAME Emily Baker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute17. INFORMANT Robert Holder (ADDRESS) Evansville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Terre Haute Hill DATE April 27, 193719. UNDERTAKER Robert Holder (ADDRESS)     20. FILED April 28, 1937 Loren McCracken Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from N.O.V., 1936, to April 24, 1937  
I last saw him alive on April 27, 1937 Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Coronary sclerosis with  
glomerular arterial  
sclerosis - immediate  
cause probably coronary  
occlusion

Date of onset Sept 31

Other contributory causes of importance:

none  
AKB

Name of operation      Date of       
What test confirmed diagnosis? none Was there an autopsy? no

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     

(Signed) David E. Nugent, M. D.  
(Address) 110 South St. Evansville Sp. Mo

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

