

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

Do not use this space.

20803

1. PLACE OF DEATH

County Jefferson
Township Richmond
City Richmond (No., Ward)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 46
St. Ward)

2. FULL NAME Miss Holland

(a) Residence. No. Co. Home 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) do not know

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 75 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. computer
(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) do not know

PARENTS
10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT A. W. Ballard
(Address) Hardin Mo.

15. FILED 6-8-33 E. E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/1/33 19

17. I HEREBY CERTIFY, That I attended deceased from 5-15 1933, to 6-1 1933, that I last saw him alive on 5-29 1933, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of gall bladder and liver

4 to 12 (duration) do not know yrs. mos. ds.

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

18. WHERE DISEASE CONTRACTED do not know

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS P. Ex.
(Signed) W. H. Smith, M. D.
, 19 (Address) Richmond Mo

*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 Hardin Mo. DATE OF BURIAL 6/3/33 19

20. UNDERTAKER E. M. Josine ADDRESS Richmond Mo

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.

JUN 23 1933

