

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Pemiscot
Township Little Prairie Registration District No. 651 File No. 2217
or
Village _____ Primary Registration District No. 5862 Registered No. 1
or
City _____ (NO. _____) St. _____ Ward _____
FULL NAME Leander Holt (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Am. White</u>	SINGLE MARRIED <u>yes</u> WIDOWED OR DIVORCED (If write the word)
DATE OF BIRTH <u>Sept 13, 1882</u> (Month) (Day) (Year)		
AGE <u>29 yrs. 4 mos. 19 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Living the Soil</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Pemiscot Co, Mo</u>		
PARENTS	NAME OF FATHER <u>Thomas Holt</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wayne Co. Tenn.</u>	
	MAIDEN NAME OF MOTHER <u>Susan Cagle</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pemiscot Co. Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 27, 1911, to Dec. 31, 1911, that I last saw him alive on Dec 29, 1911, and that death occurred, on the date stated above, at 2:30 p.m.
The CAUSE OF DEATH* was as follows:
Tuberculosis
7-31/12
(Duration) 1 yrs. 2 mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. P. Byars M. I.
July 2, 1912 (Address) Caruthersville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, & RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ d.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Little Prairie</u>	DATE OF BURIAL <u>1/2</u> , 1912
UNDERTAKER <u>A. L. LaFoy</u>	ADDRESS <u>eville</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. B. Holt
(ADDRESS) Caruthersville, Mo.
Filed 1/2, 1912 Boleson REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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

PLACE OF DEATH _____
 County Peunsscat REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Township Little Prairie Registration District No. 65-1 File No. 2217
 or _____
 Village _____ Primary Registration District No. 5-862 Registered No. 1
 or _____
 City _____ (NO. _____) St. _____ Ward _____
 FULL NAME Leander Holt (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (If write the word)
DATE OF BIRTH <u>Sept 13, 1882</u> (Month) (Day) (Year)		
AGE <u>29 yrs 4 mos 19 ds.</u>		IF LESS than 1 day, _____ hrs or _____ min
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Peunsscat Mo.</u>		
PARENTS	NAME OF FATHER <u>Thomas Holt</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>W. Pine Co Penn</u>	
	MAIDEN NAME OF MOTHER <u>Bessie Cagle</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Peunsscat Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Jan 1, 1912
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Nov 27, 1911, to Dec 29, 1911, that I last saw him alive on Dec 29, 1911, and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
Parts or organs affected, Lungs, bronchial tubes, trachea & larynx
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ yrs. _____ mos. _____ ds.

Signed A. S. Byars M. D.
3/14, 1912 (Address) Carruthersville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL
Little Prairie

DATE OF BURIAL
1-2, 1912

UNDERTAKER
W. C. La Forge

ADDRESS
Cville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. B. Holt
 (ADDRESS) Carruthersville Mo
 Filed 3/24, 1912 B. B. Brown REGISTRAR

Original file date JAN 11, 1912 All information called for must be written on this Supplementary Certificate.

V. S. No. 2. 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. UNFADING INK—THIS IS A PERM. BLUE FLAIN.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)