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

Do not use this space.

24024 a

1. PLACE OF DEATH

County Dunklin — Registration District No. 288 — File No.

Township — Primary Registration District No. 4172 — Registered No.

City Kennett (No. ..... St. ..... Ward)

2. FULL NAME Raybourn Holder

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 19 - 27

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER James E Holder

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

12. MAIDEN NAME OF MOTHER Louise Fuller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kennett Mo
(STATE OR COUNTRY)

14. INFORMANT J. E. Holder
(Address) Kennett Mo

15. FILED 12/2, 1927 E. S. Spence M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/30 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/28, 19..., to 8/30, 19..., that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at 1:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9 Whooping cough

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(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) James J Brown, M.D.

9/2, 1927 (Address) Kennett 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	DATE OF BURIAL
Hazle Cem	8/31 1927

20. UNDERTAKER	ADDRESS
A. C. Lansdell	Kennett

V. S. NO. 2. 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.