

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

Do not use this space.

31061

1. PLACE OF DEATH

County Newton Registration District No. 1046
Township Swat Creek Primary Registration District 2210
City Hannibal St. Ward

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 44 Maple St. _____ Ward _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 | 7 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Smelterman
(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) Wisconsin

10. NAME OF FATHER Harwell Holder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State

12. MAIDEN NAME OF MOTHER Stephens

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

14. INFORMANT Ladie Holder
(Address) Swat Creek

15. FILED 10-14-27 J. W. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/11/27

17. I HEREBY CERTIFY That I attended deceased from _____, 1927 to _____, 1927 that I last saw him alive on _____, 1927 and that death occurred, on the date stated above, at _____, 10-40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
937 (duration) yrs. mos. da.
CONTRIBUTOR (SECONDARY) 90B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

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

20. WAS THERE AN AUTOPSY? _____

21. WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. B. Joseph, M. D.

10-17-1927 (Address) Swat Creek 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
Forest Park 10/13/27

20. UNDERTAKER ADDRESS
Harwell Holder Swat Creek

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.

