

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

Do not use this space. 1080

1. PLACE OF DEATH

County Cochran Registration District No. 399 File No. 100
Township 2nd Primary Registration District No. 1002 Registered No. 100
City Lawrence City (No. 1005 East 75th St) St. Lawrence Ward 1

2. FULL NAME

Isabel Mill Holt
(a) Residence. No. 1005-E-75th St Ward. 15 (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. 5 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 | 4 | 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
(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) Kansas

10. NAME OF FATHER

Fredrick D. Mills

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mich

12. MAIDEN NAME OF MOTHER

Ellen Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa

14.

INFORMANT Mrs Janet Ferguson
(Address) 1005 E 75th St

15.

FILED 19 28 M. M. Brown
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7 1928

17. I HEREBY CERTIFY That I attended deceased from Jan - 7 - 1928 to Jan - 7 - 1928
that I last saw HR alive on Jan - 6 - 1928 and that death occurred, on the date stated above, at 7:30 a m

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Failure
Angina Pectoris (From
of History)

CONTRIBUTORY Chronic Heart Disease
(SECONDARY) (duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Kansas

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS E. X. examination

(Signed) Dr. J. S. Hall

1/8 1928 (Address) 100 Westoverland

*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

Atchison, Kans. DATE OF BURIAL 1-10 1928

20. UNDERTAKER

R. V. Lindsey & Son City

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.

