

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

Do not use this space.

17501

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 17501
 Township Wabasha Primary Registration District No. 2092 Registered No. 220
 City Jefferson (No. 1033) (St. High Ward)

2. FULL NAME

William Holt Jr.
 (a) Residence. No. 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18, 1927

7. AGE YEARS MONTHS DAYS At LESS than 1 day, hrs. or min.
 1 1 13

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) Jefferson Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Tom Holt

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

12. MAIDEN NAME OF MOTHER Jennie Phillips

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

14. INFORMANT Tom Holt
 (Address) Jefferson Mo.

15. FILED 27 19 28 Dr. Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
 that I last saw him alive on 19 , and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:

17913
strychnine poisoning - self administered - accidental death
 (duration) yrs. mos. ds.

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

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) R. M. Stormont, M. D.
5/2, 19 28 (Address) Wabasha, Crozier

*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 Fairview DATE OF BURIAL 5/3 1928

20. UNDERTAKER ADDRESS

