

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

Do not use this space.

5243

FEB 25 1929

1. PLACE OF DEATH

County Washington Registration District No. 889
Township Richwoods Primary Registration District No. 6185
City (No.) St.

File No.
Registered No.
Ward)

2. FULL NAME

George R Holt
(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. 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) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 1 12

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

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

10. NAME OF FATHER John R Holt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind no
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ind no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind no
(STATE OR COUNTRY)

14. INFORMANT Cassie Holt
(Address) Richwoods Mo

15. FILED Jan 31 1929 O W Barber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 30, 1929, that I last saw him alive on Jan 28, 1929, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar pneumonia
118
108

CONTRIBUTORY Influenza
(SECONDARY) (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O W Barber, M. D.
, 19 (Address) Richwoods 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 Richwoods Mo DATE OF BURIAL Jan 31 1929

20. UNDERTAKER Doyen Bros ADDRESS Richwoods

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.

110
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231
2
31
31

