

AUG 23 1929

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

Do not use this space.

17698^a

1. PLACE OF DEATH

County Jackson
Township N Benton
City Long Lane (No. _____)

Registration District No. _____
Primary Registration District No. 5974

File No. _____
Registered No. 341
St. _____ Ward _____

2. FULL NAME

(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 Emily Holland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/25/1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Alfred Holland

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

12. MAIDEN NAME OF MOTHER Polly

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

14. INFORMANT Wm Holland
(Address) Long Lane, Mo

15. FILED 8/29 1929 Harry Morris
Greenwood REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/8 1929

17. I HEREBY CERTIFY, That I attended deceased from 1925 to 4-18-1929 that I last saw him alive on 4-15-29, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Just worn out!
16d (duration) 4 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 164 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) V. H. Greenwood, M. D.
, 19 (Address) Buffalo 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 Greenwood Care DATE OF BURIAL 6/9 1929

20. UNDERTAKER Chas Roeth & Son ADDRESS Buffalo, Mo

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.

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