

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

Do not use this space.

21032

**1. PLACE OF DEATH**

County Bole  
Township Jefferson  
City Jefferson

Registration District No. 213  
Primary Registration District No. 3014

File No. \_\_\_\_\_  
Registered No. 144  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1610 Monroe 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12-1871

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	58	4	29	

**B. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Robt. Holden

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Lula Abbott.  
(Address) J.B. Mo.

15. FILED 6/14, 19 29 W. Bedford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1926, to June 11, 1929, that I last saw her alive on June 6, 1929, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Valvular Heart disease  
92.A

(duration) 3 yrs. mos. ds.

CONTRIBUTORY Unknown  
(SECONDARY)

(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED 900

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) W.D. Miller M. D.

June 12, 1929 (Address) Jefferson City 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 City Cem. J.B. Mo DATE OF BURIAL 6-13 1929

20. UNDERTAKER C.V. Heinrichs ADDRESS J.B. 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. PRINT WITH RECORDING INSTRUMENT—THIS IS A PERMANENT RECORD

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2962  
31  
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