

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.

OCT 29 1930

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

Do not use this space.

30424

1. PLACE OF DEATH

County Lincoln
Township Rural
City (No. _____)

Registration District No. 1191
Primary Registration District No. 365-2a

File No. 152
Registered No. _____
St. _____ Ward _____

2. FULL NAME Henry J. Holling

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Arvonda Holling

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

June 18 - 1883

7. AGE

YEARS
47

MONTHS
3

DAYS
3

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Rickday & Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Lincoln Co. Mo.

10. NAME OF FATHER

Stephen Holling

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER

Elizabeth Kler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Lincoln Co. Mo.

14.

INFORMANT Arvonda Holling
(Address) Ord, Rural Mo.

15.

FILED 9/15 1930 J. H. Hensel REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

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

9/12 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1930 to Sept 12, 1930 that I last saw him alive on Sept 12, 1930 and that death occurred, on the date stated above, at 5 0 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Virchosis (of Liver)

124 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

1200 10/1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Hensel (M. D.)

915, 1930 (Address) Ord, 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

St. Mary's Cemetery

DATE OF BURIAL

9/16 1930

20. UNDERTAKER

Blumens & Weber

ADDRESS

Ord, Mo.

