

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 31 1930

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

Do not use this space.  
*J. H. Austin*  
 File No. 30681  
 Registered No. 117  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Boonville Registration District No. 161  
 Township Little Springs Primary Registration District No. 5852  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Judy May Holdman  
 (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 Female  
 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 Bill Holdman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-14-1967

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work H. W.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky.

10. NAME OF FATHER Jos Martin

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

12. MAIDEN NAME OF MOTHER Galitia Carter

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

14. INFORMANT Fredora Holdman  
 (Address) nicoya mo.

15. FILED 10/10/30 Ada Martin  
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-1 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11-30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis followed by Broncho Pneumonia  
1511  
107 1/2  
1111 B (duration) 2 yrs. 1 mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Exposure (SECONDARY)  
 (duration) \_\_\_\_\_ yrs. 30 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. Caruthersville Mo  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Acid & Seal  
 (Signed) H. H. Denton M. D.  
Sept. 2 1930 (Address) Caruthersville 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 Maple Cemetery DATE OF BURIAL 9-2 1930

20. UNDERTAKER H. S. Smith ADDRESS Caruthersville Mo

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