DEC 20 1930 8

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

Do not use this space.

38507

File No.

Registered No. 303

1. PLACE OF DEATH

County: Benton

Township: White

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 60

Primary Registration District No. 5093

2. FULL NAME David Holtzen

(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 0 yrs. 6 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-23-1853

7. AGE 77 YEARS 9 MONTHS 10 DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Stock Shipper

(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) Missouri

PARENTS

10. NAME OF FATHER David Holtzen

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

12. MAIDEN NAME OF MOTHER Tipke Bloom

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

14. INFORMANT August E Holtzen
(Address) Cole Camp Mo R F D

15. FILED DEC 8 1930 E L Rhodes, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3- 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929, to Dec 3, 1930 that I last saw ~~living~~ alive on Dec 2, 1930, and that death occurred, on the date stated above, at 1:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis

(duration) 4 yrs. mos. ds.

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? Clinical

(Signed) E. E. Holtzen, M. D.

12-3, 1930 (Address) Smithton, 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: Lakecreek Cemetery

DATE OF BURIAL: 12-5 1930

20. UNDERTAKER: E L Eichhoff

ADDRESS: Cole Camp Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.