

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.

FEB 21 1931

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

Do not use this space.

4284

1. PLACE OF DEATH
County Texas Registration District No. 18
Township Morris Primary Registration District No. 6139
City Nuggins P.O. (No.) St. Ward)

2. FULL NAME Benjamin C. Holland
(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 15 yrs. mos. da. 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) Don't Know

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 75

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Gardner 5'
(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) Unknown 31

10. NAME OF FATHER ✓

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

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Don't Know

14. INFORMANT J. M. Girschky
(Address).....

15. FILED 1-23-31 C. C. Franer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12-13 1931

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.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown
found dead in his house

CONTRIBUTORY (SECONDARY) 200B (duration) yrs. mos. ds.
200B (duration) yrs. mos. ds.

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) Jeff Ott Block, Jr. M.D.
, 19 1931 (Address) Nuggins 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 Watts Cemetery DATE OF BURIAL Jan. 15 1931

20. UNDERTAKER J. M. Girschky ADDRESS

PARENTS

Handwritten mark or signature in the top left corner.

Small handwritten mark or signature in the upper center.

Small handwritten mark or signature in the lower left area.

Small handwritten mark or signature in the lower right area.