

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

Do not use this space.

**1. PLACE OF DEATH**

County Adair  
Township  
City Kirkville (No. ....)

Registration District No. 4  
Primary Registration District No. 9001

FILE NO. 16983

Registered No. 87 St. .... Ward)

**2. FULL NAME**

(a) Residence No. 500 W. Pierce St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

John Holt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-29-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 10 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 254  
(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  
10. NAME OF FATHER Michael Darr

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

12. MAIDEN NAME OF MOTHER Mary Fuller

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

14. INFORMANT Pearl Holt  
(Address) 500 W. Pierce, Kirkville

15. FILED, 19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-3-1931

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to May 3, 1931 that I last saw her alive on May 9, 1931, and that death occurred, on the date stated above, at 1 p m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of Stomach  
H&E

CONTRIBUTORY (SECONDARY) H&E yrs. mos. da. (duration) yrs. mos. da.

**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? Coffey Stomach

(Signed) Miss W. H. ...

1931 (Address) Kirkville 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 DATE OF BURIAL

Putz 5-5-1931

20. UNDERTAKER ADDRESS

Dee Riley Kirkville

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.

JUN 24 1931

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