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.

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

Do not use this space.

File No. 24921

Registered No. 2905

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No.) 924 Norton St. (Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Fred L. Holland
(a) Residence. No. 924 Norton St., 12 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr F. L. Holland
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 30 1880
7. AGE: Years 50 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Junction City
(STATE OR COUNTRY): Ks.

PARENTS
10. NAME OF FATHER: M. T. Holland
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Danville
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Kate A. Arthur
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ill

14. INFORMANT: Mrs. F. L. Holland
(Address): Junction City, Kan.
15. FILED: July 1, 1931 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 2 1931
17. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to July 2, 1931, that I last saw him alive on July 1, 1931, and that death occurred on the date stated above, at 6.50 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia of Hemorrhagic with Ascites
4613
1186 (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY): Gastritis
(duration) yrs. 2 mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? California
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) R. Gallagher M. D.
July 2, 1931 (Address) 6905 Washington Tel. Olad

*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: Higland Park
DATE OF BURIAL: 7-3 1931
20. UNDERTAKER: Mrs. C. L. Fritz
ADDRESS: K.C. Mo.

6900 Washington Be-0830
5111 Inch Be-0293

Catt
Calligan
Luke Dr-2234
Brotherhood -6085
1722 Tesnoka

AUG 10 1946

MAY 13 1952