

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

W. M. Daniel

Do not use this space.

25845

1. PLACE OF DEATH

County *Demissot*
Township *Holland*
City *Holland* (No. *19*)

Registration District No. *656*
Primary Registration District No. *6281*

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *24* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 *A. J. Morrie*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 10 - 1876*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>54</i>	<i>10</i>	<i>10</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
—

12. BIRTHPLACE (CITY OR TOWN) *Trenton* (STATE OR COUNTRY) *Illinois*

13. NAME *Hughes Howell*

14. BIRTHPLACE (CITY OR TOWN) *Trenton* (STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Seadie Hall*

16. BIRTHPLACE (CITY OR TOWN) *Trenton* (STATE OR COUNTRY) *Illinois*

17. INFORMANT *A. J. Morrie* (ADDRESS) *Holland, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *#8 class* DATE *7-21*, 19*31*

19. UNDERTAKER *Sturgeon and Co.* (ADDRESS) *Holland, Mo.*

20. FILED *Aug 10*, 19*31* *Abarrisse* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-20, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *only one month* to *—*, 19*31*. I last saw him alive on *Jan 15*, 19*31*. Death is said

to have occurred on the date stated above, at *6:30 p.m.* The principal cause of death and related causes of importance were as follows:

J. B. 23A

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *J. J. Morrie* M. D.
(Address) *Holland, Mo.*

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.

AUG 29 1931

ORDER OF DEPT
-Private file

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-Private file



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