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.

34562

1. PLACE OF DEATH

County Jackson — Registration District No. 3 8 9 — File No.

Township Kaw — Primary Registration District No. 3 6 0 — Registered No. 4281

City K.C. Mo (No. 6806 Paseo St. Ward)

2. FULL NAME James Polk Holland

(a) Residence, No. 6806 Paseo St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Minnie F. Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1865

7. AGE: YEARS 66 — MONTHS 2 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Representative of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New York Life Ins Company
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER

13. NAME H. L. Holland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Minnie F. Holland 6806 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 10-22 1931

19. UNDERTAKER (ADDRESS) Freeman Mortuary 42nd St. and Baltimore Ave.

20. FILED 10/22 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1931, to Oct 20, 1931
I last saw him alive on Oct 20, 1931. Death is said to have occurred on the date stated above, at about 4 P.m.
The principal cause of death and related causes of importance were as follows:

Uremic poisoning — Date of onset

137 137 1320

Other contributory causes of importance: Enlarged Prostate

Name of operation None — Date of
What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury —, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Jas W Graham, M. D.
(Address) 205 Argyle K.C. Mo