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

Do not use this space.

36007

~~33370~~

1. PLACE OF DEATH

County ——— Registration District No. 791 ~~1012~~ File No.

Township ——— Primary Registration District No. ——— Registered No. 10528

City St Louis (No. on Route City Hospital #1 St. ——— Ward)

2. FULL NAME Jake Holland

(a) Residence, No. 4223 McPherson St. 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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 ———

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1875

7. AGE: YEARS 56 | MONTHS | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
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) (STATE OR COUNTRY) Marion Illinois

FATHER

13. NAME Jake Holland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Sephrona Boggess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Wm Holland Marion, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE Oct 16 1931

19. UNDERTAKER (ADDRESS) Jno P. Collins & Bro 1928 No Grand Blvd

20. FILED OCT 16 1931 Reg. C. Harvey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 30, 19..... Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

114B Haemorrhage from Left Lung due to perforation of Vessel into Bronchi (Cause Unknown)

Date of onset

Other contributory causes of importance:

114B

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) John Hurley, M.D.

(Address) County Coroner