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

Do not use this space.

37943

File No.

Registered No. 211

1. PLACE OF DEATH
County Jackson
Township Prairie
City Lee's Summit (No. , St. Ward)

Registration District No. 400
Primary Registration District No. 4225

2. FULL NAME Mrs. Minnie Holt

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

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DEC 22 1931

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ ~~widowed~~ Dal Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1870

7. AGE: Years 61 | Months 0 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper
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) Pattonville, Va.

FATHER

13. NAME Jeff Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Va.

MOTHER

15. MAIDEN NAME Sarah Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn.

17. INFORMANT (ADDRESS) Mrs. Kathleen Holt Lee's Summit, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Vinita, Okla. DATE 11-6-1931

19. UNDERTAKER (ADDRESS) Fields-James Co. Lee's Summit, Mo.

20. FILED 11-6-1931 H. S. James, Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1931, to 11-3, 1931

I last saw her alive on 11-1, 1931. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

| | Date of onset |
|---|---|
| Chronic myo-cardits | 1925 |
| [illegible] | [illegible] |
| [illegible] | [illegible] |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral hemorrhage | 10-27-31 |

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

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? No
If so, specify

(Signed) C. H. Brady, M. D.
(Address) Lees Summit, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD