

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

Do not use this space.

37994

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Madena Primary Registration District No. 2092
 City Joplin (No. Chillicothe) St. _____ Ward _____

File No. 20

Registered No. _____

2. FULL NAME

Dawn Ernest Holden
 (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. 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 Rosie Holden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40 8 12 1

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

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) Joplin Mo.

13. NAME Holden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Effie Spry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Mrs Rosie Holden
 (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin DATE 11 31

19. UNDERTAKER Shure & Reed
 (ADDRESS) Joplin Mo.

20. FILED 11/19/31 W Benson Clark
 Registrar (Address) Joplin Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1931

22. I HEREBY CERTIFY That I attended deceased from Nov 7 1916 to Nov 16 1931

I last saw him alive on Nov 16 1931. Death is said to have occurred on the date stated above, at Joplin Mo.

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

Pulmonary tuberculosis
23A tuberculosis
 Other contributory causes of importance: 23

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) W. L. Wilkes, M. D.

(Address) Joplin Mo

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.

MARGIN RESERVED FOR BINDING

DEC 2 9 1931

