

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

Do not use this space.

38087

**1. PLACE OF DEATH**

County Johnson  
Township Madison  
City Holden (No. \_\_\_\_\_)

Registration District No. 427  
Primary Registration District No. 4250

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David William Holder

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 55 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**

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Clark Holder</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 - 1847</u>			
7. AGE	YEARS <u>84</u>	MONTHS <u>1</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hardware Business</u>		
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28<sup>th</sup> 1931  
22. I HEREBY CERTIFY, that I attended deceased from June 20, 1931, to Nov 26, 1931.  
I last saw him alive on Nov 26, 1931. Death is said to have occurred on the date stated above, at S. R. P., m.

The principal cause of death and related causes of importance were as follows:  
General Thrombosis Date of onset 11/26/31  
Chronic Endocarditis 10/20/31  
92A  
92B  
92A

Other contributory causes of importance:  
None

23. If death was due to external causes (violence), fill in also the following:  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y  
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) J. H. Thompson, M. D.  
(Address) Holden, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>James Holden</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>
	15. MAIDEN NAME <u>Margaret</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>	
17. INFORMANT (ADDRESS) <u>John Holder</u> <u>Holden, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden Cemetery</u> DATE <u>Nov 30</u> , 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>W. T. Goodman</u> <u>Holden, Mo.</u>	
20. FILED <u>11/30</u> , 19 <u>31</u> <u>E. W. Harris</u> Registrar.	

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.

WHITE COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JES 48-67

*H. H. Wood*