

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

Do not use this space.

**41825**

1. PLACE OF DEATH  
 County Phillips Registration District No. 679  
 Township St. James Primary Registration District No. 4404  
 City St. James (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Ellen Holt  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 12 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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |
|   |   | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 24 - 1869</u>                             |   |   |   |
| 7. AGE  | YEARS<br><u>62</u>  | MONTHS<br><u>7</u>  | DAYS<br><u>14</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>House Keeper</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 |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co. Mo.</u>                    |   |   |   |
| FATHER  | 13. NAME <u>Jackson Reed</u>  |   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>   |   |   |
| MOTHER  | 15. MAIDEN NAME <u>Sarah Jane Hamilton</u>  |   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>   |   |   |
| 17. INFORMANT (ADDRESS) <u>Mrs J M Smith Conway Mo.</u>                                   |   |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Massion Cemetery</u> DATE <u>Dec 10 - 1931</u> |   |   |   |
| 19. UNDERTAKER (ADDRESS) <u>James W. Taylor St. James Mo.</u>                             |   |   |   |
| 20. FILED <u>12-9-1931</u> <u>Henry F. Waldorf</u> Registrar.                             |   |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 8, 1931.  
 I last saw her alive on Dec 7, 1931. Death is said to have occurred on the date stated above, at 3.4 a.m.  
 The principal cause of death and related causes of importance were as follows:  
arteriosclerosis Date of onset 1931  
92A  
917

Other contributory causes of importance:

Name of operation Chinical Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) William St. James, M. D.  
 (Address) St. James 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.

