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

Do not use this space.

6060

1. PLACE OF DEATH
96 County St Louis
Township Carondelet
City Koch (No. ..... St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6248-B.

File No. .....
Registered No. 48

2. FULL NAME Hattie Holt
(a) Residence. No. 4218 West Bell St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAR 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Robert Holt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	1	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee 2

PARENTS
10. NAME OF FATHER John White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Mary Cotton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT Koch Records
(Address) Koch, Mo.

15. FILED 2-10-32, 19 ..... L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929 to Feb 9, 1932 that I last saw he alive on Feb 9, 1932 and that death occurred, on the date stated above, at 4:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23 A
Pulmonary Tuberculosis (duration) 3 yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF ..... (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory + clinical findings
(Signed) Arthur White M.D., M. D.
, 19 (Address) Koch, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Pulaski Tenn.	2-12 1931
20. UNDERTAKER Manuel Undertaking Co	ADDRESS 4439 Finney

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.