

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

Do not use this space.

25765

1. PLACE OF DEATH
 27 County Booner Registration District No. 218
 2 Township Primary Registration District No. 3015
 4 City Boonville (No.) St. Ward)
 2. FULL NAME Albert Holland
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1866
 7. AGE YEARS 66 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 246
 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) Buffalo Mo
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) pp 31
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) pp
 17. INFORMANT Mrs G. Dinger (ADDRESS) Boonville Mo
 18. BURIAL, CREMATION, OR REMOVAL Church Cemetery (ADDRESS) West Boonville, Mo DATE Aug 23 1932
 19. UNDERTAKER Goodman & Holler (ADDRESS) Boonville Mo
 20. FILED Aug 27 1932 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Aug 21 1932
 I last saw him alive on Aug 21 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of pylorus End of stomach. 1487?
 Other contributory causes of importance: 46B 4613
 Name of operation None Date of
 What test confirmed diagnosis? Xray Was there an autopsy? no
 23. If death was due to external causes (Hollence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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
 Was disease or injury in any way related to occupation of deceased? no
 If so, specify G. A. Russell M. D.
 (Signed) G. A. Russell (Address) Boonville 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.

SEP 22 1932

