

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Holt River
City Mexico Mo. (No. _____)

Registration District No. 102 Adams
Primary Registration District No. 3002

File No. 31332
Registered No. 114
St. _____ Ward _____

2. FULL NAME

Bernard Raymond Holtkamp
(a) Residence No. 119E St. 82A 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 - 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
X 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 119E
(b) General nature of industry, business, or establishment in which employed (or employer) 82A
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Raymond Holtkamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mexico (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Edua Fernia Olsen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Utah (STATE OR COUNTRY) Utah

14. INFORMANT Raymond Holtkamp (Address) Mexico Mo.

15. Oct 12, 1932 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 9 1932 to Oct 10 - 10 1932 that I last saw him alive on Oct 10 - 10 1932, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Information of the
doctor
119E
82A
119E (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Constitution of
the Body (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. C. Adams, M. D.

, 19 _____ (Address) Mexico 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 Catholic Cemetery DATE OF BURIAL Oct 12 1932
Mexico Mo.

20. UNDERTAKER McPherson Bros. ADDRESS Mexico 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.

NOV 21 1932

