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

Do not use this space.

34430

1. PLACE OF DEATH
100 County Scott — Registration District No. 820 — File No.
10 Township Sylvania — Primary Registration District No. 4496 — Registered No.
3 City Oran (No. ..... St. ..... Ward)

2. FULL NAME Calvin Harty Holderfield

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

NOV 29 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	—

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	2	9	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

PARENTS
10. NAME OF FATHER Clara Holderfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill 2
12. MAIDEN NAME OF MOTHER Lilly Dowdy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT C T Holderfield
(Address) Oran Mo

15. FILED 11/9 1932 G Plichman REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20 1932

17. I HEREBY CERTIFY, That I attended deceased from 10/6, 1932 to 10/20, 1932 that I last saw him alive on 10/19, 1932 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
107 A
106 A
Bronchopneumonia (?)
(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) — yrs. — mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED? 107 A (1)
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 A Cline, M. D.
19 (Address) Oran 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
Friend Cemetary	10/21 1932
20. UNDERTAKER	ADDRESS
P. J. Heisserer & Co	Oran 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.

Calvin Ha[illegible]

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