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.

JAN 21 1933

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

Do not use this space.

38324

1. PLACE OF DEATH
County Barton — Registration District No. 42 — File No.
Township — Primary Registration District No. 4026 — Registered No. ~~42~~ 5
City Minden Mines (No. ..... St. ..... Ward)

6 4 3

2. FULL NAME Thomas J. Holt

(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: M
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliz Jane Holt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-29-68

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal miner 11
(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): Moundville Ill 2

PARENTS

10. NAME OF FATHER: Wm Holt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Catherine Woodough
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind

14. INFORMANT: Mrs Eliza Holt
(Address): Minden Mines Mo

15. FILED 12/28, 1932 Geo J P Zich, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Dec. 26, 1932, that I last saw him alive on Dec 20, 1932, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis.
13 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓ 13 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) L. A. Heller, M. D
12-26, 1932 (Address) Pittsburg, Ks.

*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: Highland Park Cem
DATE OF BURIAL: 12-28 1932

20. UNDERTAKER: W Ellsworth
ADDRESS: Pittsburg Ks