

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

2910

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 761
 1 Township Appleton Primary Registration District No. 4456
 6 City Appleton City (No. _____ St. _____ Ward _____)

2. FULL NAME Edmondig Johnson 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>89</u>	<u>10</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1933 to Jan. 22, 1933
 last saw him alive on Jan. 22, 1933. Death is said to have occurred on the date stated above, at 5:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Chronic Myocarditis

Other contributory causes of importance: _____

Date of onset 1-8-33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

13. NAME Calab Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

15. MAIDEN NAME Louisa J. Bland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

17. INFORMANT Miles Holland
 (ADDRESS) Appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Appleton City Cem DATE Jan 24, 1933

19. UNDERTAKER Frank Lee
 (ADDRESS) Appleton City Mo

20. FILED Jan 24, 1933 Rush Bay
 Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Reed M. D.
 (Address) Appleton City, Mo

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.

APR 18 1944