

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

Do not use this space.

4825

1. PLACE OF DEATH

County Buchanan Registration District No. 60
 Township _____ Primary Registration District No. 1001 File No. _____
 City St. Joseph (No. Missouri Methodist Hospital) St. _____ Registered No. 221 Ward _____

2. FULL NAME Malissie Holt

(a) Residence, No. 2212 Mitchell Ave St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 C.T. Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 Unknown

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 139

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hempfle Missouri

13. NAME Edward Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT C.T. Holt (ADDRESS) 2212 Mitchell Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Cem. DATE Febr. 25 1933

19. UNDERTAKER (ADDRESS) H. O. Sidenladen 1802 Union St St. Joseph Mo.

20. FILED FEB 24 1933 Wm R Bender Registrar

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

22. HEREBY CERTIFY, That I attended deceased from Jan 31 1933 to Feb 21 1933
 I last saw h. or alive on Feb 21 1933. Death is said to have occurred on the date stated above, at 3:45P.m.
 The principal cause of death and related causes of importance were as follows:

acute suppurative paratubercular - left Date of onset Feb 19 1933
acute myocarditis Feb 19
Septic fibrosed uterus
 Other contributory causes of importance:

Name of operation Hysterectomy Date of Feb. 3 1933
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

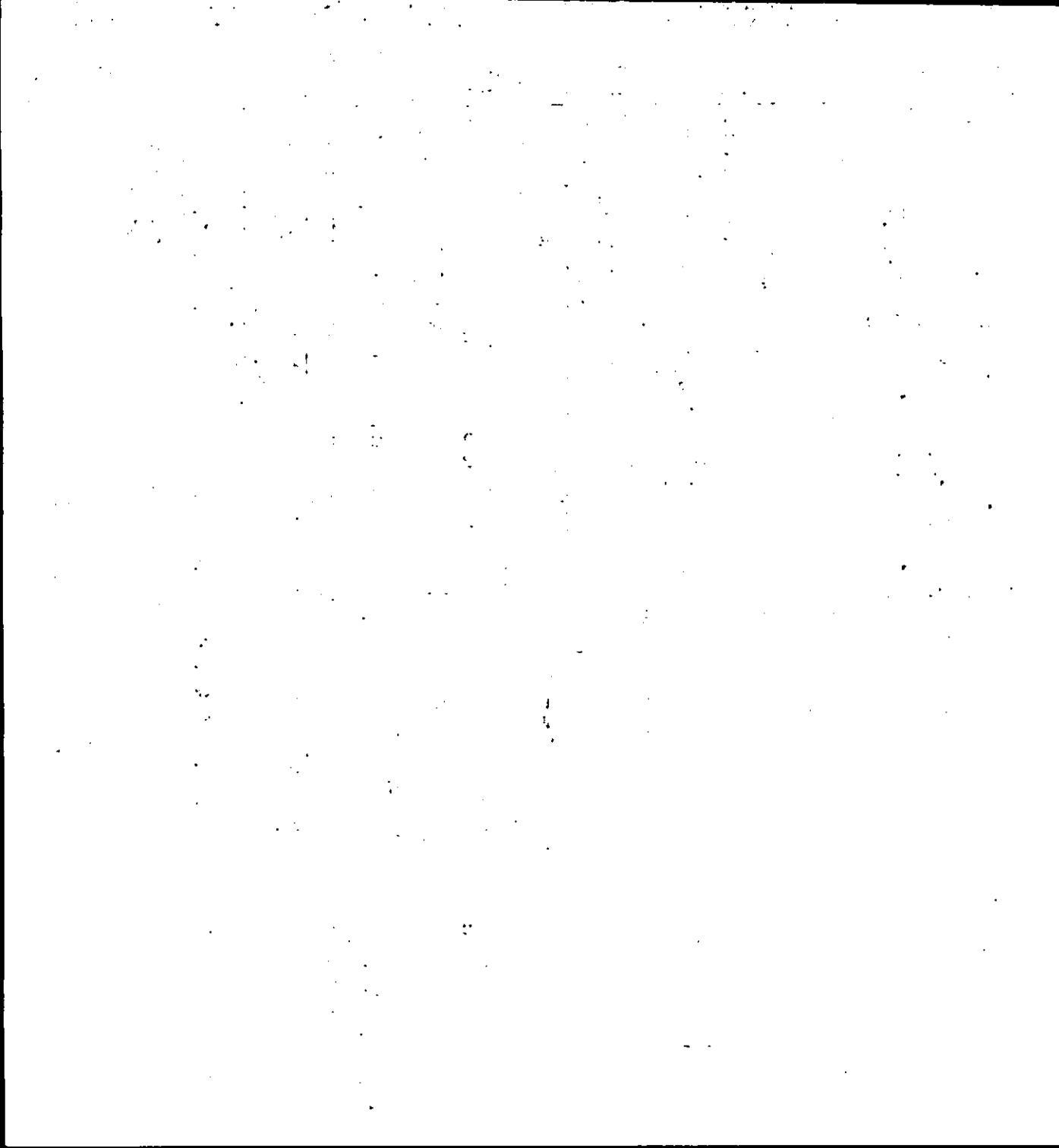
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. S. Saurad, M. D.
 (Address) St. Joseph Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state.

1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 321

St. Ward)

2. FULL NAME

Malissie G. Holt

(a) Residence, No. 2212 Mitchell St. Ward.

(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 F 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 4-8-33 19.. John L. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from .. to .., 19..

I last saw h. alive on .., 19.. Death is said to have occurred on the .. stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

Acute suppurative Parotitis Date of onset
Septic Myocarditis
Septic Parotitis - Parotitis not used in sense
Septic Parotitis came on previous to
Other contributory causes of importance: Fracture
Subsided Tubercle
55-01-0

Name of operation Hysterectomy Date of Feb 21 1933
What test confirmed diagnosis? .. Was there an autopsy? ..

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? ..
If so, specify ..

(Signed) .., M. D.

(Address) ..

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-4825