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. PHYSICAL AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

9323

1. PLACE OF DEATH

43 County Hickory — Registration District No. 365 — File No. 2

Township Wheatland — Primary Registration District No. 5511 — Registered No.

City Wheatland, Mo. ..... St. ..... Ward)

2. FULL NAME Clyde Eskell Holland

(a) Residence, No. Wheatland, Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Floy Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 6 1892

7. AGE: YEARS 40 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: John Holland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Lillie Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Floy Holland, Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL, PLACE: Macedonia DATE: Mar 27 1933

19. UNDERTAKER (ADDRESS): J R Luckey, Wheatland, Mo

20. FILED: Mar 27, 1933 Mrs. A. S. Johnston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar-18-, 1933, to Mar-25-, 1933

I last saw him alive on Mar 25, 1933. Death is said to have occurred on the date stated above, at 6 P.m.

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

	Date of onset
Bronchial Pneumonia	3-18-33
BPM 10 Mo	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Physical 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) A. S. Johnston, M. D.

(Address) Wheatland Mo