

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

Do not use this space.

10846

1. PLACE OF DEATH

County St. Clair
Township Spears Mill
City (No.) St. Ward)

Registration District No. 769
Primary Registration District No. 6015

File No.
Registered No. 2 St. Ward)

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Essie Holt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1840</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>26</u>	If LESS than 1 day, hrs. or min. <u>131</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>SEA</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>bedard county mo</u>			
	13. NAME <u>Hubbard Holt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	15. MAIDEN NAME <u>Don't know</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
17. INFORMANT (ADDRESS) <u>Essie Holt</u> <u>Highway Springs mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spears Mill</u> DATE <u>Mar 7 1933</u>				
19. UNDERTAKER (ADDRESS) <u>Nathan's funeral Home</u> <u>Highway Springs mo</u>				
20. FILED <u>3-7-1933</u> <u>J. Dawson</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4th 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 20 1933, to 7th March 1933

I last saw him alive on Feb 20 1933. Death is said to have occurred on the date stated above, at 4:23 P.M.

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

apoplexy
1933

Date of onset
2/29/33

Other contributory causes of importance:
stated vehicle Inter-

Name of operation Date of
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) L. J. Dunaway, M. D.
(Address) Highway Springs 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.

APR 24 1933

