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

Do not use this space.

19090

File No. .....

Registered No. 24

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124
Township Byrd — Primary Registration District No. 4070
City Jackson (No. ..... St. ..... Ward)

2. FULL NAME Rose Marie Holt

(a) Residence. No. ..... St., ... Ward. De Soto Mo
(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.

JUL 20 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 17, 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Rufus Holt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cotton Wood Point
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lucie Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) De Soto
(STATE OR COUNTRY) Mo

14. INFORMANT Lucie Holt
(Address) De Soto Mo

15. FILED 6-9, 1933 D. G. Suber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1933

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1932, to June 9, 1933, that I last saw her alive on June 9, 1933, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Prostration

(duration) ..... yrs. ..... mos. 3 ds.

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

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

(Signed) E. R. Schoen, M. D.
6-9, 1933 (Address) Jackson Mo

*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: Dixon City Cemetery — DATE OF BURIAL: June 11 1933

20. UNDERTAKER: McCombs & Co — ADDRESS: Jackson