

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.

AUG 26 1933

*Walt*

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

Do not use this space.

22202

1. PLACE OF DEATH  
 County Adair Registration District No. 4  
 Townshp. \_\_\_\_\_ Primary Registration District No. 9001  
 City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rachael Phoebe Holt  
 (a) Residence, No. 701 E. Cottonwood 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 1 30

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) 9 years 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) Adair County

FATHER  
 13. NAME John Graves  
 14. BIRTHPLACE (CITY OR TOWN) Not known  
 (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Nancy McGrudder  
 16. BIRTHPLACE (CITY OR TOWN) Not known  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. N. E. Eggert  
 (ADDRESS) 701 E. Cottonwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE July 3, 1933

19. UNDERTAKER Davis & Wilson  
 (ADDRESS) Kirkville, Mo.

20. FILED July 19, 1933 Mrs. C. H. Becker  
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 79, 1933 to May 4, 1933  
 I last saw him alive on May 4, 1933 Death is said to have occurred on the date stated above, at 10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of face of onset about 16 yrs ago  
Severity  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Physical findings

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 Roy M. Wolf M. D.  
 (Signed) \_\_\_\_\_ (Address) Kirkville Mo.

1971-1972

1973-1974

1975-1976

1977-1978

1979-1980

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7

8

1981-1982

1983-1984

1985-1986

1987-1988

1989-1990

1991-1992

1993-1994

1995-1996