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 22 193

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

Do not use this space.

22496

1. PLACE OF DEATH

14 County Callaway — Registration District No. 104 — File No.

Township Fulton — Primary Registration District No. 5153 — Registered No. 135

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Rubert Kendal Holt

(a) Residence, No. ..... 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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1898

7. AGE — YEARS 34 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) July 13, 1933

11. Total time (years) spent in this occupation

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

FATHER

13. NAME C. A. Holt

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

MOTHER

15. MAIDEN NAME Clara Rigel

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

17. INFORMANT (ADDRESS) C. A. Holt Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hillcrest Cemetery DATE July 15, 1933

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Mo

20. FILED July 15, 1933 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Viewed the body as, 19..., to ..., 19...

I last saw h..... alive on Coroner, 19..... Death is said to have occurred on the date stated above, at 12:15 Am.

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

Fracture of neck + fracture of base of skull, auto accident

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/13, 1933

Where did injury occur? 1 mile west of Fulton, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Auto turned over + crushed

Nature of injury Frac. base of brain + neck

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) C. H. Christian Coroner, M.D.

(Address) Fulton Mo.