

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

Do not use this space.

26649

**1. PLACE OF DEATH**

County Jackson  
Township Town  
City Jackson City (No. General)

Registration District No. 500  
Primary Registration District No. 4203

File No. \_\_\_\_\_  
Registered No. 3404  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 925 Homer KOK St., \_\_\_\_\_ Ward. \_\_\_\_\_

(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>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lily Holand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1880</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>7</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>		11. Total time (years) spent in this occupation
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)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Carratton Mo

13. NAME  
David Holand

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Carratton Mo

15. MAIDEN NAME  
Mattie Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Carratton Mo

17. INFORMANT (ADDRESS)  
Mrs Mattie Young  
925 Homer KOK

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Carratton Mo DATE Aug 27 '33

19. UNDERTAKER (ADDRESS)  
Quinn & Robin Co  
30 W. Kemmerer

20. FILED 8-27 1933 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22/33, 1933  
22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Railroad accident  
Fracture of the skull

Other contributory causes of importance:  
no

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external cause (accident, suicide, or homicide), fill in also the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Blow by hammer  
Nature of injury Fracture of the skull

24. Was disease or injury related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) W. H. Clark  
W. H. Clark (Address) \_\_\_\_\_

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.

SEP 26 1933

W. H. Clark  
DEP. COR

