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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

4 County Andrain — Registration District No. 26 — File No. 3827

Township Saltriver — Primary Registration District No. 5034 — Registered No. 23

City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs Melvina Holt

(a) Residence, No. Andrain Co Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 – 1876

7. AGE: YEARS 57 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Mo

FATHER

13. NAME Clem Dunovan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Melisa Nevins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co. Mo.

17. INFORMANT L.L. Holt (ADDRESS) Mexico Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Carmel DATE Feb. 18 1934

19. UNDERTAKER Calloway Co. (ADDRESS) Mexico Mo.

20. FILED Feby 17 1933 Fra S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-16- 1934 to 2-16- 1934

I last saw her alive on 2-16- 1934 Death is said to have occurred on the date stated above, at 8:30 p m.

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

95 B
8 Apoplexy

Date of onset

Other contributory causes of importance:

Cardio Nephritis

Name of operation none Date of

What test confirmed diagnosis? Clinical 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? No (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? No

If so, specify

(Signed) Frank Folley, M. D.

(Address) Mexico, Mo.