

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

Do not use this space.

8003

1. PLACE OF DEATH

County Benton Registration District No. 89 File No. _____
 Township _____ Primary Registration District No. 3007 Registered No. 57
 City Poplar Bluff (No. _____) St. _____ (Ward) _____

2. FULL NAME

EDWARD F. HOLT
 (a) Residence, No. 1036 VINE 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 8-1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>57</u>	<u>8</u>	<u>1</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>MACHINIST</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>AUTO</u>
	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) ILLINOIS

13. NAME RICHMOND HOLT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT IRENE HOLT (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Country Farm DATE 3-10 1934

19. UNDERTAKER Frankford Co (ADDRESS) Poplar Bluff

20. FILED 3-19-1934 W. S. Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 9-1934 to Mar 9-1934

I last saw him alive on Mar 9-1934 Death is said to have occurred on the date stated above, at ILLINOIS.

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

Myocarditis (Chronic) Date of onset Dec 15 1933
93C
 Other contributory causes of importance:

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 _____, 1934

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 _____

(Signed) Alfred J. Crow, M. D.
 (Address) Poplar Bluff, Missouri

