

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

Do not use this space.

9152

APR 25 1934

PLACE OF DEATH

County Jackson Registration District No. 277
 Township Kaw Primary Registration District No. 20
 City Bellevue (No. 1622) Bellevue St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Jordan E. Holland
 (a) Residence, No. 1622 Bellevue 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 <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Holland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19, 1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>3</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>no record</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) <u>no record</u>		
13. NAME <u>no record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>		
15. MAIDEN NAME <u>no record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>		
17. INFORMANT (ADDRESS) <u>Mrs Clara Holland</u> <u>1622 Bellevue</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pitt Stone Mt</u> DATE <u>3-26-34</u>		
19. UNDERTAKER (ADDRESS) <u>Hays + Stocklein</u> <u>Pitt Stone Mt</u>		
20. FILED <u>3-26</u> 1934 <u>M. M. Cronin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-34

22. I HEREBY CERTIFY that I attended deceased from June 1, 1933 to Mar 22, 1934
 I first saw him alive on Mar 22, 1934 Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of rectum Date of onset 1931
metastatic carcinoma of bladder
obesity
 Other contributory causes of importance:
colostomy Date of 20-1931
 Name of operation: colostomy Date of: 20-1931
 What test confirmed diagnosis? diagnosis Was there an autopsy? no

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 _____
 (Signed) J. B. Jones M. D.
 (Address) 1014 City of St. Louis

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.

St Marys Hosp:
28 + main

SEP 12 1955

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