

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Perry
City Booneville Mo (No.)

Registration District No. 775
Primary Registration District No. 6000

File No. 17900
Registered No. 37
St. Ward)

2. FULL NAME

Mary Winifred Holden

(a) Residence, No. St. Ward.

(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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED? (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>0</u>	<u>5</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Booneville Mo.

13. NAME John W. Halder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Winifred Hackett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) John W. Halder Booneville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Booneville Cemetery DATE 5/30 1935

19. UNDERTAKER (ADDRESS) Benham Undert Co.

20. FILED 5/28 1935 F. A. Bon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1933, to May 28, 1934.

I last saw her alive on May 27, 1934. Death is said to have occurred on the date stated above, at 4.9 a.m.

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

Enlarged Thyroid gland

Date of onset later in birth

Other contributory causes of importance None

Name of operation None Date of

What test confirmed diagnosis? V-ray 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? No

If so, specify.....

(Signed) Daniel Edmund, M. D.

(Address) Booneville, Mo.

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.

JUN 26 1934

