

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

Do not use this space.

OCT 17 1934

32950

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township St. Louis Primary Registration District No. 1002
 City R. E. No. 5809 East 11th St. (No. 5809 East 11th St. St. St. Louis Ward 4)

2. FULL NAME

Effie Josephine Holland
 (a) Residence (No. 5809 E 11th) St. St. Louis Ward 4
 (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 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 George W. Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 17 1866

7. AGE YEARS 68 MONTHS 1 DAYS unt If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) N. Y.

13. NAME Horace Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Geo. W. Holland

(ADDRESS) 5809 East 11th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Sept 21-34

19. UNDERTAKER Mrs. C. L. Jordan

(ADDRESS) 918 Brooklyn Ave

20. FILED Sept 21 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16. 1934 to Sept 19. 1934

I last saw her alive on Sept 19. 1934 Death is said to have occurred on the date stated above, at 9:30 PM

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

Myocarditis Chronic Date of onset unk
Cardiac Decompensation " ""
Diabetes mellitus " ""

Other contributory causes of importance: 59
Hypertension
White Parenchymatous Nephritis 9/18/34

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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) Burford M. Colpitts M. D.

(Address) 1225 Shubert Bldg
Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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11:00

a.m.

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