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.

DEC 1 4 1934

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

Do not use this space.

File No. 35651
Registered No. 19

1. PLACE OF DEATH
County: Douglas
Registration District No. 974
Township: Spring Creek
Primary Registration District No. 5987
City: ~~Ward~~ (No. ..... St. ..... Ward)

2. FULL NAME: Addison Holt
(a) Residence, No. Examined St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: S. J. Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31-1858

7. AGE: Years 76 Months 2 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.: farmer
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): Ky.

FATHER
13. NAME: Daniel William Holt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Mrs. Lawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): John F. Holt, Ava Mo.

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: Ava C. DATE: Oct. 14 1934

19. UNDERTAKER (ADDRESS): C. V. Chunkinghard, Ava Mo.

20. FILED: Nov 26 1934 Dora Mendel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-13- 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-7- 1934, to 10-17- 1934
I last saw him alive on 10-13- 1934 Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Medical 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) J. P. Gentry, M. D.
(Address) Ava, Mo.