

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 14 1934

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

Do not use this space.

35651

1. PLACE OF DEATH

County *Douglas*
Township *Spring Creek*
City *Osage* (No.)

Registration District No. *974*
Primary Registration District No. *5987*

File No.
Registered No. *19*
St. Ward)

2. FULL NAME

Addison Holt

(a) Residence, No. *Linn* St. Ward.
(Usual place of abode)

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

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 MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 12

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) *Mo.*

FATHER 13. NAME *Daniel William Holt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Mrs. Lawson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT (ADDRESS) *John F. Holt*

18. BURIAL, CREMATION, OR REMOVAL PLACE *burial* DATE *Oct. 14 1934*

19. UNDERTAKER (ADDRESS) *C. W. Clunkingbeard*

20. FILED *Nov 26 1934* *Nora 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 *10-13-1934*
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
932
J. J.
Other contributory causes of importance: *932*
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 *G. P. Bentley*, M. D.
(Signed) *G. P. Bentley*
(Address) *awa. mo.*

1950

1. The first part of the report deals with the general situation of the country and the progress of the work during the year.

2. The second part is devoted to a detailed description of the work done in the various departments.

3. The third part contains the results of the work and a comparison with the work of the previous year.

4. The fourth part is a summary of the work done during the year and a statement of the progress made towards the objectives of the plan.

5. The fifth part contains the conclusions of the work and the recommendations of the committee.

6. The sixth part is a list of the names of the members of the committee and the names of the persons who have assisted in the work.

7. The seventh part is a list of the names of the persons who have been appointed to various positions during the year.

8. The eighth part is a list of the names of the persons who have been promoted during the year.

9. The ninth part is a list of the names of the persons who have been dismissed during the year.

10. The tenth part is a list of the names of the persons who have been awarded various honors and decorations during the year.