

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.

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

Do not use this space.

MAR 28 1935

6285

1. PLACE OF DEATH
 County Osage Registration District No. 640
 Township Crawford Primary Registration District No. 5849
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Sylvia E. Holland
 (a) Residence, No. _____ St. _____ 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>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ralph Holland</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20 - 1854</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Work</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) <u>all</u> spent in this occupation. <u>57</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
FATHER	13. NAME <u>Don't Know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
	15. MAIDEN NAME <u>Don't Know</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>			
	17. INFORMANT (ADDRESS) <u>Drury Holland</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harris Cem</u> DATE <u>Feb 2</u> , 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>North Funeral Home</u>				
20. FILED <u>Book 2</u> , 19 <u>35</u> <u>Mrs Doris J. ...</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1935, to Feb 24, 1935
 I last saw him alive on Feb 24, 1935 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Rheumatism

Date of onset Feb 14-1935
 1930

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. H. Egbert, M. D.
 (Address) Brudon Mo.

