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.

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

APR 25 1935

Do not use this space.

8258

1. PLACE OF DEATH

County Caldwell — Registration District No. 93 — File No.

Township Davis — Primary Registration District No. 5138 — Registered No. 6

City ~~Braymer~~ (No. ..., ... St. ..... Ward)

2. FULL NAME Ernest Lee Holder

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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: Fay Holder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1906

7. AGE: YEARS 28 — MONTHS 8 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic auto
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Garage
10. Date deceased last worked at this occupation (month and year): 3-8-35
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cowgill Missouri

FATHER

13. NAME: D.H. Holder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cowgill Missouri

MOTHER

15. MAIDEN NAME: Ada Lee Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cowgill Missouri

17. INFORMANT (ADDRESS): D.H. Holder Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen DATE 3-31- 1935

19. UNDERTAKER (ADDRESS): B. F. Mead Braymer, Mo.

20. FILED Mch 31, 1935 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 29 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar-14-, 1935, to Mar-29-, 1935
I last saw him alive on Mar-29-, 1935. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	Mar 8 1935
Intestinal hemorrhage followed by perforation and Peritonitis	

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) Cardinal B. Hodges, M. D.
(Address) Braymer Mo

1935-3-29
1926-7-24
58 8 5