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.

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

APR 9 1935

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 10860
Registered No. 24883

1. PLACE OF DEATH

County ..... Township ..... City St Louis (No. 4834 A. Labadie Ave St. ..... Ward)

2. FULL NAME Manley Edson Holland

(a) Residence, No. 4834 A. Labadie Ave St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11. 5. 1850

7. AGE — YEARS: 84 — MONTHS: 4 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blacksmith

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): Illinois

FATHER

13. NAME: Edward Holland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.s

17. INFORMANT (ADDRESS): A. V. Hughes 4834 A Labadie Ave

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hannibal Mo DATE: March 16, 1935

19. UNDERTAKER (ADDRESS): Geo. E. Mahler 4723 St Louis Ave

20. FILED: MAR 15 1935, 19 ..... Jos F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 10th, 1935, to Mar 14th, 1935

I last saw him alive on Mar 14th, 1935. Death is said to have occurred on the date stated above, at 7 p.m.

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

	Date of onset
Lobar Hypostatic Pneumonia	3/12/35
Other contributory causes of importance:	
Cardio Hemorrhage	3/10/35

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) Joseph M. Tigg, M. D.

(Address) 4903 Northwell Place

4903 Northland