

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.

MAY 23 1935

12165-a

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau (No. South east Mo. Hospital)

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME Holbrook, William Wayne

(a) Residence, No. _____ St., _____ Ward. St. James Mo., P.F.D. #2
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Holbrook, Early Watkins</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-18-1908</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>10</u>	<u>22</u>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 10, 1935.
I last saw him alive on Apr 9, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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

Hyperacute jaundice, hemorrhagic hepatitis

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Elizabethtown
(STATE OR COUNTRY) Illness

Other contributory causes of importance:
Obelusion, & Petechial hemorrhages in stomach lungs

FATHER 13. NAME Holbrook, Loren

Name of operation 0 Date of _____
What test confirmed diagnosis? all Was there an autopsy? yes

FATHER 14. BIRTHPLACE (CITY OR TOWN) Hardin Co
(STATE OR COUNTRY) Illness

MOTHER 15. MAIDEN NAME Belt, Ada

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, town, county, and State)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Hardin Co
(STATE OR COUNTRY) Illness

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Holbrook, Loren
(ADDRESS) Elizabethtown, Ill

Manner of injury _____
Nature of injury _____

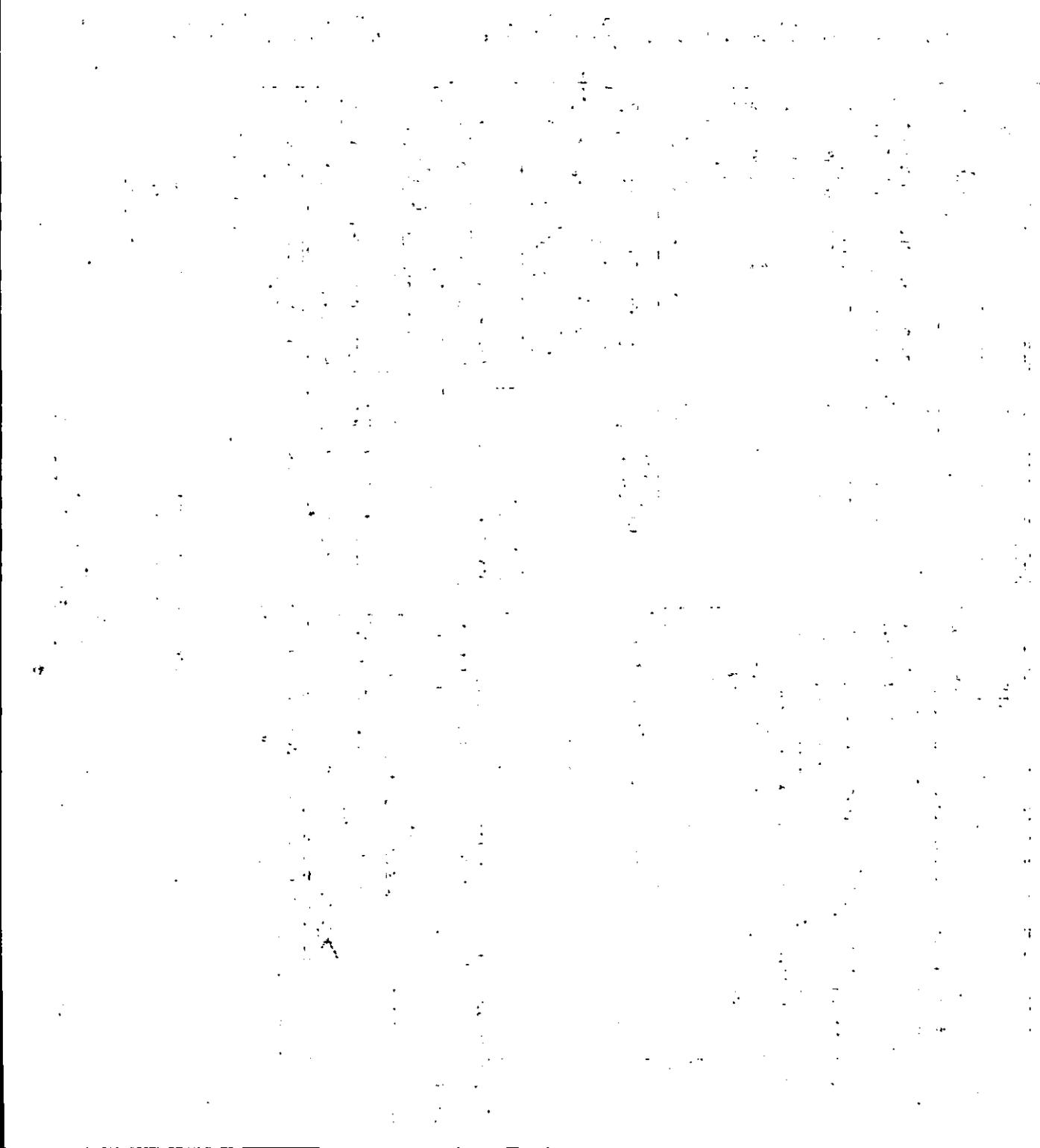
18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE 4-12, 1935

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER Winnlee Ind. Co
(ADDRESS) Paladgett Mo

(Signed) Carl W. Minnickum, M. D.
(Address) Cape Girardeau

20. FILED 4-10, 1935 J. M. Thompson
Registrar



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

ALL INFORMATION ON THIS FORM MUST BE BASED ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125 File No. 12165 a
 Township _____ Primary Registration District No. 3009 Registered No. 98
 City Cape Gir. (No. Southeast Mo. Hosp. - St. _____ Ward) _____

2. FULL NAME William Wayne Holbrook
 (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 m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS 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. _____
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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/16 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis
Cause unknown
 (Other contributory causes of importance: Edemas + petechial hemorrhages in stomach and lungs)

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 Over
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Carl A. Thompson M. D.
 (Address) _____

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.

SUPPLEMENTARY

This patient was brought into the hospital in coma having had convulsions preceded by intense headache.

Urine = Albumin 4+. Red + white cells + granular casts
Blood - Leucocytes 11,600 - young forms 6 - Stabs 21

Segmentation 62 - Eosinophiles 0
Lymphocytes 9 Monocytes 2

Pt died without having gained consciousness
Post mortem revealed by petriophred heart,
definite nephritis + petechial haemorrhages
in stomach & lungs.

Sections - Final anatomical diagnosis:

Chronic glomerulo-nephritis
cloudy swelling of liver

There was no history of infection immediately
preceding this attack & a blood culture was
not made

Call Wommamam

5-12165-A