

JUL 17 1935

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

Do not use this space.

18891

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township _____ Primary Registration District No. 3002
City Mexico Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 102

2. FULL NAME

Mollie M. Holt (Mollie M. Holt)

(a) Residence, No. 615 W Jackson 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
HUSBAND OF (OR) WIFE OF William Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-1-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 12

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

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) Mexico

13. NAME Singleton Johnson

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

15. MAIDEN NAME Nancy Pledge

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

17. INFORMANT (ADDRESS) Winfield Jannerson, Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Mexico Mo DATE June 16 1935

19. UNDERTAKER (ADDRESS) H. A. Pugh & Son Mexico Mo

20. FILED June 15 1935 Blanche Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-1935

22. I HEREBY CERTIFY, that I attended deceased from Feb. 23, 1935, to June 13, 1935

I last saw him alive on 6-12-1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

Myocarditis
Nephritis (Chronic)
Hypertension

Other contributory causes of importance:

None

Name of operation Clinical 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) Frank Jolley, M. D.
(Address) Mexico, Mo.

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.

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