

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

Do not use this space.

19254

1. PLACE OF DEATH

26 County Cole
Township Clark
City (No.) (Ward)

Registration District No. 212
Primary Registration District No. 5292

File No.
Registered No. 8

2. FULL NAME

William Phillip Holzer

(a) Residence, No. Hesley, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hesley Mo</u>		
13. NAME <u>Phillip J. Holzer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole County Mo</u>		
15. MAIDEN NAME <u>Mary Ann Nade</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Phillip Holzer Hesley Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maup Home</u> DATE <u>June 3, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Deless Mauls</u>		
20. FILED <u>July 10, 1935</u> <u>Leona C. Glouar</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 2, 1935, to June 2, 1935. I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.. The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Other contributory causes of importance:
108

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) L. O. Nye, M. D.
(Address) Eugene, Mo.

