

OCT 2 1 1935

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

Do not use this space.

22417-a

1. PLACE OF DEATH

County CedarRegistration District No. 168

Township

Primary Registration District No. 4095City El Dorado Springs (No. _____) St. _____ Ward _____

File No. _____

Registered No. 472. FULL NAME James Thomas Holder

(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

Male

4. COLOR OR RACE

white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

59117

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

OCCUPATION

Farming

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

Woodlawn Missouri

13. NAME

Ed Holder

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

Woodlawn Missouri

15. MAIDEN NAME

Marian Sanders

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

Unknown

17. INFORMANT (ADDRESS)

W.E. Holder

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clintonville DATE July 3, 1935

19. UNDERTAKER (ADDRESS)

H.C. Davis & Co. Stockton, Mo.20. FILED 9-15- 1935 J.W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 193522. I HEREBY CERTIFY That I attended deceased from July 1, 1935 to July 2, 1935I last saw him alive on July 2, 1935 Death is said to have occurred on the date stated above, at 8 a. m.

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

Carcinoma of Larynx Primary

Date of onset

Other contributory causes of importance:

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) H.A. Sympell, M. D.(Address) Stockton, 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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