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.

DEC 19 1935

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

1. Do not use this space.

36272

File No. 4500

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kans. City — Primary Registration District No. 3002

City Kansas City (No. 1663 E. 2nd. St. Ward)

2. FULL NAME Andy Holder

(a) Residence, No. 1663 E. 2nd. 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: Col.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 25, 1868.

7. AGE: Years 67 Months 8 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Arkansas.

FATHER

13. NAME: Barney Holder.

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

MOTHER

15. MAIDEN NAME: Rosie Williams.

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

17. INFORMANT: Anna Holder (ADDRESS) 739 E. 43rd. Kan. City

18. BURIAL, CREMATION, OR REMOVAL: PLACE Blue Ridge DATE 11-26, 1935

19. UNDERTAKER: Hatfield Bros. (ADDRESS) 1424 Lydia

20. FILED 11-26, 1935 W. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1935, to Nov. 21, 1935. I last saw alive on Nov. 8th, 1935. Death is said to have occurred on the date stated above, at 5 a. m.

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

Interstitial Nephritis (Chronic) — Date of onset

Other contributory causes of importance:

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? not

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? no

If so, specify

(Signed) L. Guggenheim, M.D.

(Address) 2202 E. 18