

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

Do not use this space.

40177

1. PLACE OF DEATH:

County Linn Registration District No. 498
 Township Bucklin Primary Registration District No. H 301
 City Bucklin Mo (No. _____) St. _____ Ward _____

File No. 21
 Registered No. _____

2. FULL NAME

Infant daughter of Mr. & Mrs. Luther Holt
 (a) Residence, No. Bucklin 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F. m.</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 12, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day <u>2</u> hrs. or <u>30</u> min.
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) <u>Bucklin Mo.</u>		
13. NAME <u>Luther Holt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bucklin Mo.</u>		
15. MAIDEN NAME <u>Anna Ventine</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marceline Mo.</u>		
17. INFORMANT <u>Luther Holt</u> (ADDRESS) <u>Bucklin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE <u>Dec 13 1935</u>		
19. UNDERTAKER <u>C. A. Larson</u> (ADDRESS) <u>Bucklin Mo.</u>		
20. FILED <u>1-16</u> 19 <u>36</u> <u>J. G. Cantwell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1935
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1935 to Dec. 12 1935.
 I last saw her alive on Dec. 12 1935. Death is said to have occurred on the date stated above, at 7:10 A. m.

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

Premature birth Date of onset 12/12/35

Other contributory causes of importance:
15 M

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) A. E. Smear 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

