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.

FEB 19 1936

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

Do not use this space.

1100

1. PLACE OF DEATH

County: Howell — Registration District No.: 384 — File No.:

Township: — Primary Registration District No.: 4227 — Registered No.:

City: West Plains (No. Christle Hogan Hospital St. Ward)

2. FULL NAME Dave Holland

(a) Residence, No. — St., — Ward. Gatewood Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25 1916

7. AGE: Years 19 — Months 6 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Near Gatewood Ripley Co. Mo.

FATHER

13. NAME: John S. Holland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Gatewood Ripley Co. Mo.

MOTHER

15. MAIDEN NAME: Mary Ann Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Springs Ark

17. INFORMANT (ADDRESS): John S. Holland Gatewood Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Rucker Cemetery — DATE: Jan. 11 1936

19. UNDERTAKER (ADDRESS): McFARLAND UNDERTAKING CO. WEST PLAINS, MO.

20. FILED: 1-10-1936 Vida W Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1935 to Jan. 10 1936

I last saw him alive on Jan. 10 1936. Death is said to have occurred on the date stated above, at 9:30 Am.

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

	Date of onset
Lobar Pneumonia	Jan 1935

Other contributory causes of importance:

Name of operation: None — Date of:

What test confirmed diagnosis? Evidence — 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) R. Hogan, M. D.

(Address) West Plains Mo