JUN 25 1936

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

Do not use this space.

20326

File No.
Registered No. 6

1. PLACE OF DEATH
County Pettis
Township Lake Creek
City (No. , St. Ward)
Registration District No. 689
Primary Registration District No. 5897

2. FULL NAME Claus Von Holten

(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 45 yrs. mos. ds. How long in U. S., if of foreign birth? 56 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) February 18th 1858

7. AGE 78 YEARS | 2 MONTHS | 22 DAYS | 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) Heshthausen, Hanover Germany

FATHER
13. NAME Tonjes Von Holten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Metta Maaler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Henry Von Holten
(ADDRESS) Mora, Mo R F D 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Lake Creek DATE May 12th 36, 19

19. UNDERTAKER E L Eickhoff
(ADDRESS) Cole Camp Mo

20. FILED May 15 1936 Mrs J C Monnees
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27th, 1936 to May 10th, 1936
I last saw him alive on May 9th, 1936. Death is said to have occurred on the date stated above, at 5:00 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Gland.

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) Harry Bay, M. D.
(Address) Cole Camp, Missouri.

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.