

JUL 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Wm Grove mo
City Wm Grove mo (No. _____)

Registration District No. 908
Primary Registration District No. 4549

File No. 25343
Registered No. 29

2. FULL NAME

George E. Holden

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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 21, 1883

7. AGE YEARS 52 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer at planing mill & saw mill
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) June 17, 1936 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Co, Kansas

FATHER 13. NAME John William Holden

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

MOTHER 15. MAIDEN NAME Sarah Ann Palmer

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

17. INFORMANT Mrs. Robert Holden
(ADDRESS) Abol mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Abol Cemetery DATE June 20, 1936

19. UNDERTAKER Wayland V. Elliott
(ADDRESS) Abol mo.

20. FILED 6-20- 1936 Bernice Matson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1936, to 6/18, 1936. I last saw him alive on 6/17 - 6/18, 1936. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Injury, accidental. Date of onset

Other contributory causes of importance: 1936

Name of operation Laborotomy Date of 6/17-36
What test confirmed diagnosis? W Was there an autopsy? no

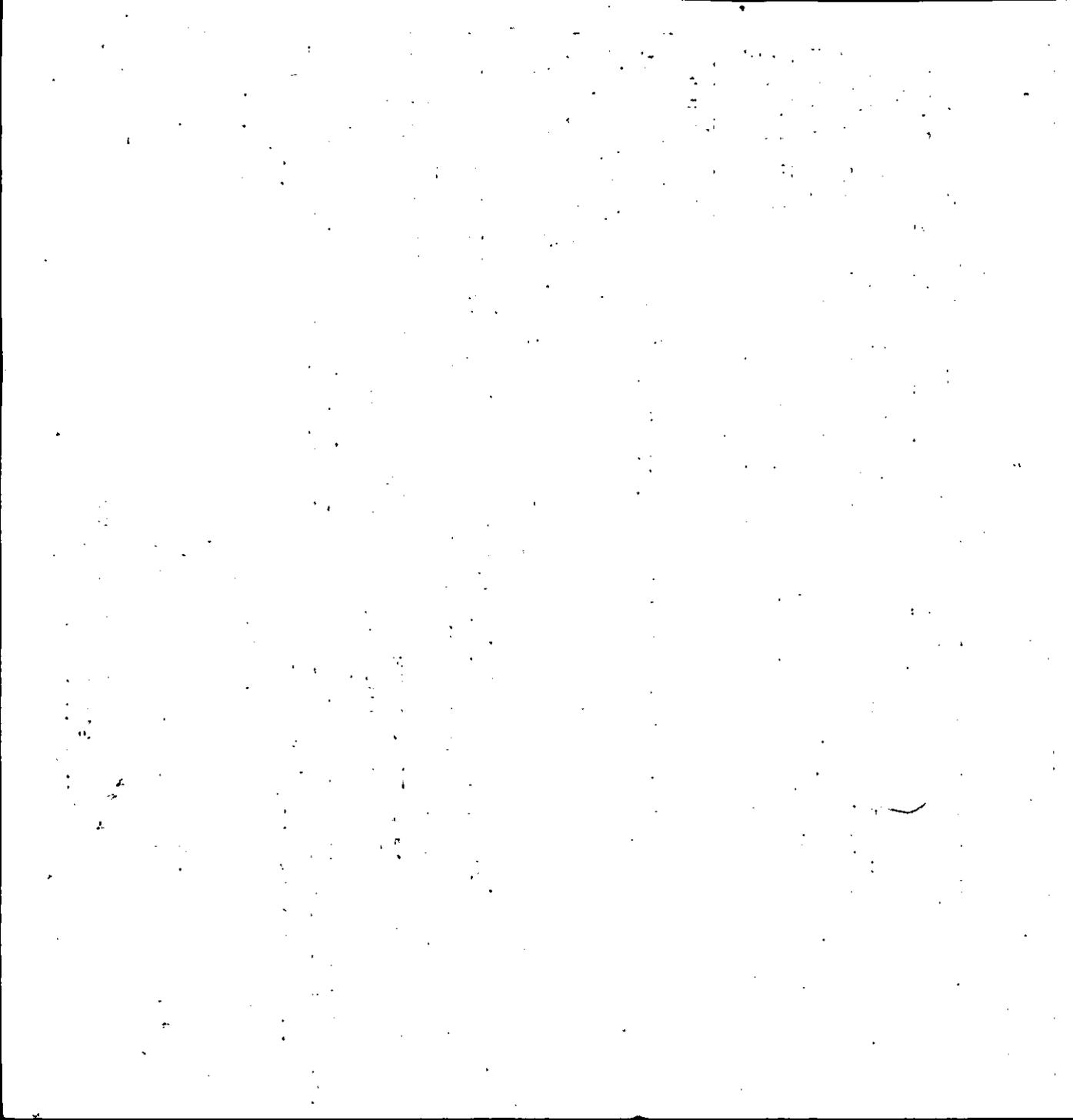
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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) R. A. Ryan, M. D.
(Address) Wm Grove



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Wright
Township mtn grove
City mtn grove (No., St. Ward)

Registration District No. 908
Primary Registration District No. 4549

File No.
Registered No.
St. Ward

2. FULL NAME

George E. Holden

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day | hrs. | min. |
|--------|-----------|-----------|-----------|--------------------|------|------|
| | <u>52</u> | <u>11</u> | <u>27</u> | | | |

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.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 8-17-36 Bernice Mulgany Registrar. mtn grove mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18-36

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Injury accidental
working in planing mill, piece of wood hit him on stomach.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Accident 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) R.A. Ryan, M. D.

8-25343