

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

Do not use this space.

SEP 18 1936

30063

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff, Mo. (No.)

Registration District No. 89
Primary Registration District No. 3007
Poplar Bluff Hospital

File No.
Registered No. 208
St. Ward)

2. FULL NAME Clarence Leon Holden

(a) Residence, No. Butler Co., Mo. St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1936 to Aug 27 1936
I last saw him alive on Aug 26 1936 Death is said to have occurred on the date stated above, at 4 A.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1936

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Pneumonia, broncho-

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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

1196
Other contributory causes of importance: Gastro-enteritis

12. BIRTHPLACE (CITY OR TOWN) Butler Co., Missouri (STATE OR COUNTRY)

13. NAME Walter Holden

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

15. MAIDEN NAME Nellie Blocker

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

17. INFORMANT Walter Holden (ADDRESS) R.R. 1 Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL County Farm. PLACE Butler Co., Mo. DATE 8/27/1936

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 8/27 1936 Christinger Registrar.

Name of operation 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? No
If so, specify
(Signed) J. Hester Karmel, M. D.
(Address) Poplar Bluff, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

