

Missouri State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 26 1937

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1. PLACE OF DEATH

County St. Louis Registration District No. 290
Township Salem Primary Registration District No. 5408
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 73

2. FULL NAME

Paul Rayburn Holbrook
(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 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1937

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

22. I HEREBY CERTIFY That I attended deceased from January 13, 1937 to January 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18, 1936

last saw him alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 10:45 A.M.

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brookshire Lumber
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

Other contributory causes of importance: _____

13. NAME W. P. Holbrook

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash County, Mo

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Lue Gerdie Howell

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) W. P. Holbrook
St. Louis, Mo

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel, Mo DATE Jan 18 1937

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) W. D. Dyer
St. Louis, Mo

(Signed) Robert E. Martin, M. D.

20. FILED Feb 9 1937 A. D. McDaniel Registrar.

(Address) St. Louis, Mo

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.

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OF HEALTH PLAN IN SO THE ... properly classified. Exact statement

IN THE COURT

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

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1. PLACE OF DEATH

County Franklin
Township Salem
City..... (No.) St. Ward.....

Registration District No. 290
Primary Registration District No. 5408

File No.
Registered No. 73

2. FULL NAME

Paul Rayburn Holbrook

(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 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) Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1931
22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....
I last saw h..... 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:

Pneumonia
none
Other contributory causes of importance: 1070
Date of onset no.

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)

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

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....
19. UNDERTAKER (ADDRESS)

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.....

20. FILED....., 19.....
Registrar.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Robert T. Martin, M. D.
(Address) Salem, Mo.

CLASSIFIED BY STATE ARCHIVES. STATE ARCHIVES SHOULD STATE CLASSIFICATION. EXAMINATION OF OCCUPATION IS VERY IMPORTANT.

SUPERINTENDENT

