

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 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 91 File No. 5248
Township Black River Primary Registration District No. 5135 Registered No. _____
City Hendrickson No. _____ St. _____ Ward _____

2. FULL NAME Clara Belle Holtz

(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

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A. Holtz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Jan 1937 11. Total time (years) spent in this occupation. 12

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

13. NAME Tom Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayes Co., Mo.

15. MAIDEN NAME Maggie M. Dalton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Mo.

17. INFORMANT (ADDRESS) James A. Holtz, Hendrickson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Head Cemetery Feb 5 1937

19. UNDERTAKER (ADDRESS) None

20. FILED Feb 5 1937 C. C. Gillham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937, to Feb. 4 1937
I last saw her alive on Feb. 4 1937. Death is said to have occurred on the date stated above, at 12:10 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2/05/37

Other contributory causes of importance: acute myocarditis ?

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

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) H. D. Davis M. D.
(Address) Williamsville Mo.

