

MAR 18 1937

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

Do not use this space.

File No. 5584  
Registered No. 80  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Cole Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 3014  
City Jefferson City (No. St. Marys Hosp.)

2. FULL NAME Hiram Holt  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/4/1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
53 10 7

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) Missouri

FATHER  
13. NAME J. W. Holt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
15. MAIDEN NAME Martha Jane Lawson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Bessie Ann Holt  
(ADDRESS) Holt Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionhill DATE 2/14/1937, 1937

19. UNDERTAKER Ray A. Holt  
(ADDRESS) New Bloomfield, Mo.

20. FILED 2/13/1937 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/1937, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/25/1937 to 2/11/1937  
I last saw him alive on 2/11/1937 Death is said to have occurred on the date stated above, at 9:30pm.  
The principal cause of death and related causes of importance were as follows:  
Chronic ulcer  
Perforated ulcer  
Other contributory causes of importance: 11/18  
Perforated ulcer 2/6/37  
Name of operation Perforated ulcer Date of 1/10/37  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) [Signature], M. D.  
(Address) Jeff. City, 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.

