

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.

MAR 23 1937

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

Do not use this space.

7376

1. PLACE OF DEATH *New Madrid*
 County *New Madrid* Registration District No. *345*
 Township _____ Primary Registration District No. *4553*
 City *Matthias, Mo.* (No. _____) St. _____ Ward _____
 2. FULL NAME *Child of P.W. Holman*
 (a) Residence, No. *Matthias St., Mo.* 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

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Child*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 1 - 1937*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*
 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) *Matthias, Mo.*
 FATHER 13. NAME *P.W. Holman*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. K. Koen*
 MOTHER 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT *P.W. Holman*
 (ADDRESS) *Matthias, Mo.*
 18. BURIAL, CREMATION OR REMOVAL PLACE *Matthias* DATE *Feb 4 1937*
 19. UNDERTAKER *Aden Elliot*
 (ADDRESS) *Matthias, Mo.*
 20. FILED *Feb 27 1937* *Miss Robert B. Baird*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 3 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 1 1937* to *Feb 3 1937*
 I last saw him alive on *Feb 3 1937*. Death is said to have occurred on the date stated above, at *9 A.M.*
 The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia Date of onset *2-3-37*
 Other contributory causes of importance:
Acute Bronchitis
 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) *J. C. Best*, M. D.
 (Address) *Caveolow, Mo.*

