

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

MAR 25 1937

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

Do not use this space.

7837

1. PLACE OF DEATH

County Ripley  
Township Springer  
City Springer (No. \_\_\_\_\_)

Registration District No. 750  
Primary Registration District No. 4457  
5995

File No. 14  
Registered No. 1444  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Georgia Jay Holland

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937, to Feb. 23, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-37

I last saw h. er alive on February 23, 1937. Death is said to have occurred on the date stated above, at 4 P. 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.  
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 \_\_\_\_\_

Date of onset

Asphyxia, AC  
15

Other contributory causes of importance:  
Disturbance of closure of foramen ovale of heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co., Mo

Name of operation none Date of \_\_\_\_\_

13. NAME Russel Holland  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley County Mo

What test confirmed diagnosis? Chemical Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Pauline Robinson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley County Mo

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.

17. INFORMANT Russel Holland  
(ADDRESS) \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Condon, Can DATE Feb. 24, 1937

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

19. UNDERTAKER Family  
(ADDRESS) \_\_\_\_\_

(Signed) J. S. Johnson, M. D.

20. FILED 2-24-37 C. B. Johnston  
Registrar.

(Address) Springer Mo

