MAY 7 1937

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

Do not use this space.

791
1003

14153
3049

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 14153

Township..... Primary Registration District No. ..... Registered No. 3049

City St Louis Mo (No. Missouri Pacific Hosp St. ..... Ward)

2. FULL NAME Harry L. Holland (Haddock)

(a) Residence, No. Dupo Ill St., N.R. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	9	no	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman R. R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Missouri Pacific

10. Date deceased last worked at this occupation (month and year) April - 3 - 37

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcola, Illinois

FATHER

13. NAME Wash Holland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcola, Ill.

MOTHER

15. MAIDEN NAME do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Lucy Roberts (ADDRESS) Fountain City Ind

18. BURIAL, CREMATION, OR REMOVAL PLACE Dupo Ill DATE 4-5- 1937

19. UNDERTAKER Albert L. Dashner (ADDRESS) Dupo Ill

20. FILED APR 5 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

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

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 9.30 A.m.

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

	Date of onset
Traumatic hemorrhage due to compound fracture of both Tibias and Fibulae	
Immediate cause of	

Other contributory causes of importance: same could not be ascertained

Name of operation..... Date of .....

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? Accident Date of injury Apr 4, 1937
Where did injury occur? Delmore
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry
Manner of injury see above
Nature of injury

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

(Signed) Alfred Perry M. D.
(Address) Deputy Coroner

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.