MAY 31 1937

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

Do not use this space.

17369

File No.

Registered No. 119

1. PLACE OF DEATH
County RANDOLPH
Township
City MOBERLY (No. , St. Ward)

Registration District No. 735
Primary Registration District No. 3034

2. FULL NAME FREDERICK CHARLES HOLDSWORTH

(a) Residence, No. WOODLAND HOSPT. St., Ward. Paris, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 27, 1872

7. AGE: YEARS 64 MONTHS 5 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TELEGRAPH OPERATOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WABASH RY.
10. Date deceased last worked at this occupation (month and year) JUNE 1932
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., MO.

FATHER

13. NAME JOHN H. HOLDSWORTH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. CITY

MOTHER

15. MAIDEN NAME SUSAN POILLON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. CITY

17. INFORMANT Mrs. JACK VAUGHN
(ADDRESS) Paris, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE, Paris, Mo DATE 4-30 1937

19. UNDERTAKER Speed & Blakey
(ADDRESS) Paris, Missouri

20. FILED APR 28 1937 Ethel Fleetin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 28 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from March 24th 37, 19, to April 28 37, 19
I last saw him alive on April 28 1937, 19 Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the prostate	

Other contributory causes of importance:

Name of operation Superpubic drainage Date of Apr 14
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [illegible], M. D.
(Address) MOBERLY, 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.