

JUL 26 1937

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

Do not use this space.

23261

1. PLACE OF DEATH

County Buchanan,

Township

City St. Joseph,

(No.

Registration District No.

85

Primary Registration District No.

1001

St. Joseph's Hospital,

St.

Ward)

File No.

Registered No.

775

2. FULL NAME

Edward B. Holt,

(a) Residence, No. 909 1/2 Frederick Ave., St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 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)

Married,

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

Sibyl Holt,

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

May 23, 1905.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

32

1

14

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

Iron Worker,

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

Packing House

10. Date deceased last worked at this occupation (month and year)

July 1937

11. Total time (years) spent in this occupation

10

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

Oklahoma,

13. NAME

Charles T. Holt,

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

Clinton County, Missouri,

15. MAIDEN NAME

Melissa E. Hall,

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

Clinton County, Missouri,

17. INFORMANT (ADDRESS)

Mrs. Edward B. Holt
909 1/2 Frederick Avenue,

18. BURIAL, CREMATION, OR REMOVAL PLACE

Lebanon Cemetery
Stewartsville, Mo

DATE July 10th, 1937

19. UNDERTAKER (ADDRESS)

Heaton-Belsale & Bauman
319 Sc. 10th St. Lowell, Mo

20. FILED

7-9

1937

H. M. Weckhusch
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 7th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8th, 1937, to

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:
Accidentally Electrocuted while using an electric drill

Date of onset

7/7-37

Other contributory causes of importance:

Name of operation

No

Date of

What test confirmed diagnosis?

History

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 7/7, 1937

Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Contacted live wire

Nature of injury # Electrocuted

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signature) B.W. Tadlock Coroner

(Address) King Hill Bldg

M. D.

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.

1944-1945

RESEARCH REPORT

1944-1945

1944-1945

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1944-1945