

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Jasper Registration District No. 411  
Township Belle Center Primary Registration District No. 5569  
City Belle Center St. 9 Ward

File No. 34524

Registered No. \_\_\_\_\_

2. FULL NAME

Clifford Eugene Holden  
(a) Residence, No. Belle Center 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1937, to Sept 4, 1937

I last saw him alive on Sept 4, 1937. Death is said to have occurred on the date stated above, at 6:30 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1907

The principal cause of death and related causes of importance were as follows:  
Patent Ray Foramen Ovale.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
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Date of onset \_\_\_\_\_

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

Other contributory causes of importance \_\_\_\_\_

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

13. NAME W H Holden

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain View Mo

Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Lucile Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo

17. INFORMANT (ADDRESS) W H Holden

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 9-6-37

19. UNDERTAKER (ADDRESS) Joplin Mo

20. FILED 9-17-37 Ed J. Janner Registrar.

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

(Signed) Harry D. Marborough M. D.

(Address) Joplin Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 OCCUPATIONS very important.

Marborough

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