

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

1864
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 9
 (b) Township Benton Primary Registration District No. 4009
 (c) City Near Rosendale Mo (d) Street No. 5012 Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Alice Holland 453
Near Rosendale Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Feb. 2, 1938
 I last saw her alive on Feb. 1, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 1875

to have occurred on the date stated above, at U.A.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 0 3

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Hypostatic pneumonia
Obly neuritis
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Savannah Mo

Other contributory causes of importance:

FATHER 13. NAME Wm Holliday
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Savannah Mo

MOTHER 15. MAIDEN NAME Mary Elliott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Savannah Mo

17. INFORMANT (ADDRESS) James Holland
ROSENDALE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE Feb 7 1938

19. FUNERAL DIRECTOR (ADDRESS) J. Fred Terhune
SAVANNAH MO

20. FILED Feb 7 1938 M. Wood
 Local Registrar.

Name of operating hospital _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide FEB 21 1938 Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether death 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?
 If so, specify _____
 (Signed) D. H. Z. Kelley M.D.
 (Address) _____

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

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Terhune
Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)