REC'D MAR 15 1938

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

Do not use this space.

3
1

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No. 6276
Township Fulton — Primary Registration District No. 3008 — Registered No. 63
City (No. , St. Ward)

2. FULL NAME Holland A Hart 630
(a) Residence, No. Kansas City Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D.K.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-23-1875
7. AGE: YEARS 62 — MONTHS 10 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: DK.
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): DK.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Council Bluffs Iowa

FATHER
13. NAME: Augustus Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington Conn

MOTHER
15. MAIDEN NAME: Mary F Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Hosp Records
18. BURIAL, CREMATION, OR REMOVAL: Anatomical Board
PLACE Columbia Mo DATE Feb. 25, 1938
19. UNDERTAKER (ADDRESS): J. O. Roberts Columbia Mo
20. FILED Feb 25, 1938 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-22-, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1937, to Feb 22, 1938
I last saw him alive on Feb 22, 1938 Death is said to have occurred on the date stated above, at 10:20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-18
107a	

Other contributory causes of importance: Maine Exhaustion

Name of operation 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? 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) L A Hopkins, M. D.
106 (Address) Fulton 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.