

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

Do not use this space.

REC'D MAR 17 1938

6991

1. PLACE OF DEATH

County Jackson
Township Prague
City Independence (No. _____)

Registration District No. 400
Primary Registration District No. 5553R

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 440 Ward. (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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia A. Holwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3, 1851</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>0</u>
	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>Produce Company</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	13. NAME <u>Unknown Holwell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Barnet Jackson</u> (ADDRESS) <u>Prague County, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>2/14</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. L. Foster</u> <u>418 Broadway</u>		
20. FILED <u>Feb 12</u> 19 <u>38</u> <u>William J. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1938

I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to 2/12 1938

I last saw him alive on 2/10 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Date of onset _____

1670

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis clinical Was there an autopsy no

22. 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) J. H. Green, M. D.
(Address) Independence
720

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 OCCUPATION is very important.

collp.
2:00 P.M.