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.

REC'D MAY 10 1938

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

15542
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 678
(b) Township — Primary Registration District No. 4404 — Registered No.
(c) City St James — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 J W Holt 4-30
(a) Residence, No. ..... 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

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: Carolina Holt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-21-1857

7. AGE: YEARS 80 — MONTHS 5 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Merchant Gro
9. Industry or business in which work was done, as saw mill, bank, etc.: Gro Merchant
10. Date deceased last worked at this occupation (month and year): 2-15-1938
11. Total time (years) spent in this occupation: 50 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clearmont Ohio

FATHER
13. NAME: Samuel Holt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Mary Erwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Bert Graig St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic Cem DATE: 4-17-1938

19. FUNERAL DIRECTOR (ADDRESS): W E Lickleder St James Mo

20. FILED: 4-17-1938 Mrs. W. H. Houk, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938 to April 15, 1938
I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
8 2 1

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) C H Fullen, M. D.
(Address) St James Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1949

DEC 4 1957

STATEMENT BY LICENSED EMBALMER

I, Oral E Lickliter, Licensed Embalmer No. 3546

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Oral E Lickliter

Licensed Embalmer No. 3546

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH
(a) County Phelps — Registration District No. 678
(b) Township — Primary Registration District No. 4404 — Registered No.
(c) City St. James — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 John William Holt
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	5	24	

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 6-18-, 1938 Elene B. Houck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) C. H. Fullbright, M. D.
(Address) St. James, Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.