

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19786
Do not use this space.

1. PLACE OF DEATH

(a) County Texas
(b) Township Piney
(c) City Houston - Mo.Registration District No. 863
Primary Registration District No. 6137

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

Infant, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th, 19387. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or ____ min.
-----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) Houston Mo.FATHER 13. NAME Junior Holt.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.MOTHER 15. MAIDEN NAME Wilma Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas County Mo.17. INFORMANT (ADDRESS) Fred Reeves Houston Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sargent Mo. DATE June 10th, 193819. FUNERAL DIRECTOR (ADDRESS) G. V. Elliott Houston Mo.20. FILED June 10, 1938 J. R. Warrants Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him _____ 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:

Stillborn
Date of onset _____
Other contributory causes of importance: None as knownName 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) J. R. Warrants, M. D.(Address) Houston Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 _____

Licensed Embalmer No. _____

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