REC'D JUL 17 1938

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

Do not use this space.

File No. 21434
Registered No. 126

1. PLACE OF DEATH
County: Butler — Registration District No. 89
Township: — Primary Registration District No. 3007
City: Poplar Bluff (No. Brandon Hospital St. Ward)

2. FULL NAME James Rexford Holland

(a) Residence, No. St., Ward. El Paso, Texas
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
20	8	3	

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

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

FATHER
13. NAME Homer Holland
14. BIRTHPLACE (CITY OR TOWN) Camden
(STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Elizabeth Gollightly
16. BIRTHPLACE (CITY OR TOWN) Bertrand
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Homer Holland
(ADDRESS) Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery
PLACE Poplar Bluff, Mo. DATE July 13, 1938

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Missouri

20. FILED 7/13 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to July 11, 1938
I last saw him alive on July 11, 1938. Death is said to have occurred on the date stated above, at 8:50a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	June 16 1938
Septicemia	July 1st
Pneumonia, lobar	July 5th

Other contributory causes of importance: 108-

Name of operation Mastoidectomy Date of July 2nd
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) R. E. Hafner, M. D.
(Address) Poplar Bluff, 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.