

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

26418
 Do not use this space.

1. PLACE OF DEATH **3**

(a) County St. Francois Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A

(c) City Farmington (d) Street No. State Hospital No 4 Registered No. 94

(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 Beatrice Holland **4-53**

(a) Residence, No. Ripley County, Mo. 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 Female 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 George Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15th, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	36	8	9	

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

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) Arkansas

FATHER 13. NAME F. M. Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Laura Carener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT State Hospital No. 4 Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Doniphan, Mo. DATE July 26th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Fred Wright Doniphan, Mo.

20. FILED July 25, 1938 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1937, to July 24, 1938

I last saw h. ex. alive on July 24, 1938. Death is said to have occurred on the date stated above, at 11:00 P.m.

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

Psychosis with Pellagra
Exhaustive Delirium
6 2/3

Date of onset May 1937
7/9/38

Other contributory causes of importance:
Bronchopneumonia, terminal 7/22/38

Name of operation None Date of no

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) C. C. Ault M. D.
Farmington, Mo.
 698 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, C J Floyd, Licensed Embalmer No. 3527

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 C J Floyd
Frank A. ... and Co.
Licensed Embalmer No. 3527

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.)