

REC'D SEP 13 1938

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

28078
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. St. Joseph Hospital, K.C. Mo. Registered No. 3389
(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 George W. Holland, 453

(a) Residence, No. 5809 East 11th, Str., K.C. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 / / /

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. Carpenter
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) North Carolina.13. NAME Wark Holland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.15. MAIDEN NAME Whitfield,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.17. INFORMANT George W. Holland, Jr.,
(ADDRESS) 5858 E. 11th, Str., K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, DATE Aug. 27th, 193819. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster,
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED Aug 27 1938 Dr. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1938, to Aug 25, 1938
I last saw him alive on Aug. 25, 1938. 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:

Chronic nephritis
Bronchial pneumonia
enlarged prostate
131

Other contributory causes of importance
Retention of urine

Name of operation suprapubic drainage of bladder Date of 8-22-38
What test confirmed diagnosis antigen Was there an autopsy? yes

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? 1
If so, specify don't know
(Signed) Chas. Switzer M. D.
(Address) 810. Crayle Bldg. Kansas City

