

NOV 23 1938

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

36212
Do not use this space.

1. PLACE OF DEATH -

(a) County Dwight Registration District No. 508
 (b) Township Lehillcoche Primary Registration District No. 5674 Registered No. _____
 (c) City _____ (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 Melvin G. Holm

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle B. Holm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 3 - 1878</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>10</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Framing</u>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Subsalle Mo</u>	
	13. NAME <u>Frank Holm</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>Myrtle B. Holm Lehillcoche Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Anderson Cem</u> DATE <u>Oct - 30 - 1938</u>	
	19. FUNERAL DIRECTOR (ADDRESS) <u>James D. Gordon Lehillcoche Mo</u>	
	20. FILED <u>11</u> 19 <u>38</u> <u>Donald M. Dewell, M.D.</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 22 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933 to 10 - 28 - 38
 I last saw him alive on 10 - 27 - 38. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Parkinson Disease (Date of onset _____)
97B

Other contributory causes of importance: _____

Name of operation Physical Date of _____
 What test confirmed diagnosis? Physical 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? _____
 If so, specify Physical
 (Signed) Phillips, M. D.
 (Address) Lehillcoche 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.

