REC'D DEC 19 1938

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

Do not use this space.

39050

File No.
Registered No. 72

1. PLACE OF DEATH
32 County DeKalb. 2 Registration District No. 258
Township North Sherman. 1 Primary Registration District No. 5361
City (No. , St. Ward)
1453

2. FULL NAME Jacob Cannady Holland.
(a) Residence, No. 3 Mi. N. W. Oak, Mo. St., Ward.
(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: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Mary Holland.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1853.

7. AGE: Years 85 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture.
10. Date deceased last worked at this occupation (month and year) Oct. 1938.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Missouri.

FATHER
13. NAME Nat Holland.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) John J. Robison, Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE November 27, 1938

19. UNDERTAKER (ADDRESS) U. G. Pilcher, Maysville, Mo.

20. FILED Dec 3, 1938 Mrs. C M Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1938, to Nov. 26, 1938
I last saw him alive on Nov. 26, 1938. Death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma liver	undet.
Prostatic hypertrophy	undet.
Uremia	11-20-38
Hypostatic Pneumonia	11-25-38

Other contributory causes of importance:
Senility
Generalized arteriosclerosis with Mitral insufficiency. undet.

Name 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? No
If so, specify
(Signed) John M. Cooper, M. D.
233 (Address) Maysville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X9314

U. G. Pilcher Undertaker, License # 3961

Embalmed By C. T. Pilcher, License # 3960

C. T. Pilcher