

REC'D MAR 9 1939

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

5678  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 877  
(c) City Kansas City (d) Street No. St. Lukes Hospital St.  
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

4.36 Mrs. Vida E. Holderby  
(a) Residence, No. 4008 Morrell St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-39, 19

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

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1936, to 2/26, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1882

I last saw her alive on 2/26, 1939. Death is said to have occurred on the date stated above, at 7:15 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 0 0

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

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. At Home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Rheumatic heart disease with mitral regurgitation and aortic stenosis

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME Alva Cox 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

Name of operation Date of Name of test confirmed diagnosis X-ray and ekg Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Jane Mobley 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) John T. Holderby 4008 Morrell

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2-28-39, 19

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City, Missouri

(Signed) George O. Lee, M. D. (Address) 730 Professional Bldg.

20. FILED 727, 1939 M. M. Brown Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

11-3  
Mr. Geo. Lee  
Prof. Body - 730  
V.I. 2443

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

..... or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**\* If this body is not embalmed, above space should be left blank.**