

18 MAY 18 1939

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

14629
Do not use this space.

1. PLACE OF DEATH *2*
 (a) County *Clay* Registration District No. *201*
 (b) Township *Liberty* Primary Registration District No. *5280*
 (c) City *Liberty* (d) Street No. *3411* St. _____
 (e) Length of residence in city or town where death occurred *15* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *H30 Jerry H. Holt*
 (a) Residence, No. *So. Jewell* St. (If nonresident, give city or town and State)

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 (OR) WIFE OF *Elizabeth Holt*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *January 12-1873*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *66 2 45*
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Jewelry repair*
 9. Industry or business in which work was done, as saw mill, bank, etc. *So. Jewell*
 10. Date deceased last worked at this occupation (month and year) *1 day* 11. Total time (years) spent in this occupation *45*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Liberty Mo*
 FATHER 13. NAME *Jr. H. Holt* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Holt Mo.*
 MOTHER 15. MAIDEN NAME *Rebecca Paine* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Liberty Mo*
 17. INFORMANT (ADDRESS) *Mr. Jerry Holt Liberty, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Liberty, Mo* DATE *3/15 1939*
 19. FUNERAL DIRECTOR (ADDRESS) *Church - Archer & Liberty, Mo*
 20. FILED *3/15 1939 E. T. Brent* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 13 1939*
 22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *1:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset *94*
 Other contributory causes of importance: *Don't know any*
 Name of operation *none* Date of *no*
 What test confirmed diagnosis? *History* 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 *William E. Pyrony Coroner* (Signed) _____ M. D.
 (Address) *Liberty Clay County 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.

Date filed _____
District file number _____
District Health Officer No. 8, _____
RECEIVED

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 _____

Licensed Embalmer No. _____

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.)