REC'D JUN 8 1939

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

Do not use this space.

File No. 18788

Registered No.

1. PLACE OF DEATH

County Howell. Registration District No. 384

Township Primary Registration District No. 4227

City West Plains. Mo. (No. Christa Hogan Hospital St. Ward)

2. FULL NAME 45 John Rayson Holland.

(a) Residence, No. Willow Springs. 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 5 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie M. Shemkel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19/ 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Willow Springs. Mo.

FATHER

13. NAME W. C. Holland. 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield. Missouri. 0

MOTHER

15. MAIDEN NAME Nancy Ann Blancett. 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT (ADDRESS) Mrs Jno Holland Willow Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Willow Springs. Mo. DATE May 30th. 1939

19. UNDERTAKER (ADDRESS) Burns & Son. Willow Springs. Mo.

20. FILED 5-30 1939 Vida W. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1939 to May 28, 1939

I last saw him alive on May 28, 1939 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

	Date of onset
Shock caused by electric burns	
Severe burns of practically entire lower extremities and right chest wall	

Other contributory causes of importance:

193

Name of operation none !! Date of

What test confirmed diagnosis? Was there an autopsy? N/A

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/28, 1939

Where did injury occur? Willow Springs, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury Contact with live wire

Nature of injury Severe burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Hogue, M. D.

(Address) West Plains 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

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