JAN 16 1941

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

Do not use this space.

42707

1. PLACE OF DEATH

County Howard — Registration District No. 383 — File No.

Township Goldsbury — Primary Registration District No. 5534 — Registered No.

City (No. St. Ward)

2. FULL NAME Ida F Holden

(a) Residence, No. 5 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Rance Holden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 11 - 1878

7. AGE: YEARS 61 - ~~1878~~ MONTHS 10 DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Mtn View MO

FATHER
13. NAME: John Roust
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn, Cunningham

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Rance Holden

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS): 343

20. FILED 1-8 1941 G. W. Winnipeg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-26- 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct-15- 1939, to Dec-26- 1939
I last saw her alive on Dec-17- 1939. Death is said to have occurred on the date stated above, at 1939 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Thyroid Gland 57

Date of onset

Other contributory causes of importance:

Name of operation Thyrodectomy Date of Oct 7-39
What test confirmed diagnosis? Laboratory 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
(Signed) F E Perrell, M. D.
(Address) Mtn View MO

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

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

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