

REC'D SEP 23 1938

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

29012
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018
(c) City Clinton (d) Street No. _____ Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George E Holt 430

(a) Residence, No. 817 E Grandview St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 4 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Henry Co Mo

FATHER 13. NAME M W Holt
14. BIRTHPLACE (CITY OR TOWN) Summers
(STATE OR COUNTRY) Kentucky

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

17. INFORMANT T P Holt
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun DATE 9-11 1938

19. FUNERAL DIRECTOR (NAME) Fred C Wilkinson
(ADDRESS) Clinton Mo

20. FILED 9-12 1938 Dr J R Hemphill
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to Sept 9 1938
I last saw him alive on Sept 8 1938 Death is said to have occurred on the date stated above, at 9:15 AM.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____
Arteriosclerosis
Other contributory causes of importance: HTA

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 _____ (Signed) S M Wolcott, M. D.
(Address) Clinton 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.

IN 1938 NO. 1720138 THE DISTRICT
OF COLUMBIA
BUREAU OF HEALTH DEPARTMENT
HEALTH OFFICIALS

STATE OF DISTRICT OF COLUMBIA

HEALTH OFFICIALS

HEALTH OFFICIALS

RECEIVED
District Health Officer No. 7
District File Number 7-38-62
Date Filed 9-14-38

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 *Herb Wilkerson*
Licensed Embalmer No. 5478
P. O. Address *Cleaton M*

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.