

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

Do not use this space.

29654

1. PLACE OF DEATH

County Barry
Township Exeter
City..... (Name.....)

Registration District No. 34
Primary Registration District No. 6239

File No.....
Registered No. 8.....
St. Ward)

2. FULL NAME

(a) Residence. No. Philip St., Holt Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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 Mrs. Phillip Holt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 15 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newtown
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER D.H.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.H.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER D.H.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.H.
(STATE OR COUNTRY)

14. INFORMANT Charles Holt
(Address)

15. FILED 9/26 1928 Mrs. V.P. Searcy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 25th 1928

17. I HEREBY CERTIFY That I attended deceased from Aug. 12, 1928, to Sept. 20th, 1928, that I last saw him alive on Sept. 19th, 1928, and that death occurred, on the date stated above, at 2:00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease

CONTRIBUTORY (SECONDARY) 90%
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D.L. Mitchell, M. D.
, 19 (Address) Cassville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mablewood Cem. DATE OF BURIAL 9-26 1928

20. UNDERTAKER Barry & Blackenship ADDRESS Exeter Mo

N. R.—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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