

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.

PLACE OF DEATH
County Laclede
Township Anglais
or
Village
or
City _____ (NO. _____ St. _____ Ward)

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

Registration District No. 450 File No. 29938
Primary Registration District No. 5615 Registered No. _____

FULL NAME Floyd Randolph Holman

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH July 7, 1912
(Month) (Day) (Year)

AGE _____ yrs. 1 mos. 21 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE
(City or town, State or foreign country) Shelton Mo.

PARENTS
NAME OF FATHER Harrison Holman
BIRTHPLACE OF FATHER Laclede Co Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Grace Hewitt
BIRTHPLACE OF MOTHER Okear
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. H. Hewitt
(ADDRESS) Shelton Mo.

Filed Sept 1 1912, J. P. Richey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

This baby died without any medical attendant
20687
Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) R. Richey M. D.
Sept 1 1912 (Address) Shelton Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Holman Cemetery DATE OF BURIAL 8/20 1912
UNDERTAKER Hickman ADDRESS Shelton Mo.

1000