

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

Do not use this space

7901

1. PLACE OF DEATH Jackson  
 County Jackson Registration District No. 288  
 Township Harris Primary Registration District No. 103  
 City H.E. No. 1709 Holmes St. 1032 Ward

2. FULL NAME Mr. Pete Holbert  
 (a) Residence No. 1709 Holmes St. Ward   
 (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 Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-5-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 | 0 | 7 |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) no  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Holbert  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) no  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Wk.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Minnie Maloy  
 (Address) 1709 Holmes St

15. 3/13, 25 M. M. Corrow  
 Registrar By

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12-1925

17. I HEREBY CERTIFY, That I attended deceased from 2 187 1925, to 3 12 1925, that I last saw him alive on 3-12-1925, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Interstitial Nephritis  
130  
 (duration) yrs. mos. ds. 1 12 ds.

CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis  
 (Signed) D. J. Meffer, M.D.  
3/13, 1925 (Address) 1426 E. 11th

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia Mo DATE OF BURIAL 3-14-1925

20. UNDERTAKER H. B. Moore ADDRESS 1820 E. 11th

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.

