

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

Do not use this space.

21589

1. PLACE OF DEATH
 County Jackson Registration District No. 599 File No. _____
 Township Kaw Primary Registration District No. 100 Registered No. _____
 City Kansas City (No. 3655 Pennsylvania Avenue) St. _____ (Ward) _____

2. FULL NAME Edward Everett Holmes
 (a) Residence, No. 3655 Pennsylvania Avenue (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 5 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 29, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>6</u>	<u>25</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farm Loans 132 R
 (b) General nature of industry, business, or establishment in which employed (or employer) 109A
 (c) Name of employer 1310

9. BIRTHPLACE (CITY OR TOWN) New Britain
 (STATE OR COUNTRY) Conn.

10. NAME OF FATHER Everett Curtis Holmes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winsted
 (STATE OR COUNTRY) Connecticut

12. MAIDEN NAME OF MOTHER Persis Pease

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Winsted
 (STATE OR COUNTRY) Connecticut

14. INFORMANT Edward C. Holmes
 (Address) 3655 Pennsylvania Ave

15. July 26, 1927 M. Th. Coe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 19 27

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
enlargement of the prostate
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Hypertension
Nephritis
 (duration) _____ yrs. _____ mos. _____ da.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Nels J. Osterblod, M. D.
7/25, 1927 (Address) 1025 Oregon Bldg.

*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 Linwood Cemetery DATE OF BURIAL 7-26-1927

20. UNDERTAKER Shue & M. Clure ADDRESS 924 Oak

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.

27