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

Do not use this space.

30287

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3792
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Old City Hospital St. Ward)

2. FULL NAME L. J. Holly
(a) Residence. No. 1603-E 12th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-28-1861.

7. AGE Years 66 Months 8 Days 6 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

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

14. INFORMANT Lucius D. Holly
(Address) 2522 Highland Ave.

15. FILED 10/7, 1927 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4-1927

17. I HEREBY CERTIFY, That I attended deceased from 9-24-, 1927, to 10-4-, 1927 that I last saw him alive on 10-4-, 1927, and that death occurred, on the date stated above, at 11:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Agitated Melancholia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Howard M. Smith, M.D.
10/5, 1927 (Address) Old City Hospital

*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 Highland Cemetery — DATE OF BURIAL Oct 7 1927

20. UNDERTAKER C. H. Comtee — ADDRESS 1606 E. 18

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.

...ERMANENT RECORD