JAN 19 1928

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

Do not use this space.

37380

1. PLACE OF DEATH
County Lacleda — Registration District No. 449 — File No.
Township Osage — Primary Registration District No. 5618 — Registered No. 1419
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John R. Holmes
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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: M
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura D. James

6. DATE OF BIRTH (MONTH, DAY AND YEAR): MAR. 11, 1873

7. AGE: 54 YEARS, 9 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): IOWA

PARENTS
10. NAME OF FATHER: Robt. R. Holmes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): U. S.
12. MAIDEN NAME OF MOTHER: Nancy E McNobb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): U. S.

14. INFORMANT: Alva Lewis
(Address): Dry Knob Mo

15. FILED 4/6, 1928 J. M. Bellery, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): DEC. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 to Dec 26, 1927, to ....., 19..... that I last saw h..... alive on Dec 26, 1927, and that death occurred, on the date stated above, at 11.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pleuro Pneumonia
108
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) 101 (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? .....
(Signed) A. L. Anthony, M. D
, 19 (Address) Oakland 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: Oakland Mo — DATE OF BURIAL: 12/28 1927

20. UNDERTAKER: Palmer — ADDRESS: Lemon

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.