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.

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

Do not use this space.

21665

1. PLACE OF DEATH
County St. Francois — Registration District No. 775 — File No. 46
Township Bigrive — Primary Registration District No. 6019 — Registered No. 46
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Emeline Holdman
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Holdman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1841
7. AGE: Years 87 — Months 3 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Fredrick Town
(STATE OR COUNTRY) Madison Co.

PARENTS
10. NAME OF FATHER Jet Hammock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Susan Hammock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fredrick town
(STATE OR COUNTRY) Madison Co.

14. INFORMANT William Holdman
(Address) Bonne Terre Mo.
15. FILED 6/1, 1928 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928
17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to June 1, 1928 that I last saw her alive on May 25, 1928, and that death occurred, on the date stated above, at 2 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
161
1290
(duration) 20 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Age
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Surley, M. D
, 1928 (Address) Bonneterre 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: Buster Cemetery — DATE OF BURIAL: 6 2 1928
20. UNDERTAKER: John Ward — ADDRESS: Bonneterre