SEP 24 1928

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

Do not use this space.

26471

File No. .....

Registered No. 946

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ..... — Primary Registration District No. 1001

City: St Joseph (No. 1508 Mosa St. ..... Ward)

2. FULL NAME: Darrie E. Holmes

(a) Residence. No. 1508 Mosa 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: Negro.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 23-1926

7. AGE: Years 2 | Months 4 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN): St Joseph
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Geo. Holmes

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Atchison
(STATE OR COUNTRY): Kansas

12. MAIDEN NAME OF MOTHER: Clara Wood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Columbia
(STATE OR COUNTRY): Mo

14. INFORMANT: Clara Holmes
(Address): 1508 Mosa St

15. FILED: Aug 8 1928, 19..... John [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 4th 1928

17. I HEREBY CERTIFY, that I attended deceased from Aug 4, 19 28, to Aug 4, 19 28, that I last saw h. alive on Aug 4, 19 28, and that death occurred, on the date stated above, at 5:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Peritonitis

25 (duration) ..... yrs. Several mos. ..... ds.

CONTRIBUTORY (SECONDARY): Nothing

..... (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? Clinical

(Signed) Fenton Hardin, M.D.

Aug 6, 19 28 (Address) 716 W W Mo Ave

*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: Atchison Kansas — DATE OF BURIAL: 8-7-1928

20. UNDERTAKER: Lauer Funeral Service — ADDRESS: 9th & Olive

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.