

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

Do not use this space.

1594

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rant Primary Registration District No. 1002
City Kansas City (No. Kansas City Gen'l Hosp.)

File No. _____
Registered No. 185
St. _____ Ward _____

2. FULL NAME

Holmes Rolan

(a) Residence. No. 6605 Kenner Rd. St. _____ Ward. _____
(Usual place of abode)

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

male

4. COLOR OR RACE

white

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

Divorced

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

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

Aug 31 1893

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>28</u>	<u>4</u>	<u>11/2</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Steel Structural
(b) General nature of industry, business, or establishment in which employed (or employer) Iron Works
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Studs
England
(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. Holmes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bathaine Malia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

England
(STATE OR COUNTRY)

14.

INFORMANT Russell Blake
(Address) Kansas City Gen'l Hosp.

15.

FILED 1-14-29 M. M. Crowe
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13-1929

17.

I HEREBY CERTIFY, That I attended deceased from 1-12-1929, to 1-13-1929, that I last saw him alive on 1-13-1929, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus with coma

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab Findings

(Signed) P. G. Williams, M. D.

-14, 1929 (Address) 5 West 76. C. Gen'l Hosp

*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 DATE OF BURIAL

Elmwood 1/15/29

20. UNDERTAKER

O. Mast ADDRESS 116 East 15

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.

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