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

Do not use this space.

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1. PLACE OF DEATH
County: Buchanan — Registration District No.
Township — Primary Registration District No. 1001 — File No.
City: St. Joseph Mo (No. ... St. ... Ward) — Registered No. 233

2. FULL NAME: George Ralph Homes.
(a) Residence. No. 519 Isabell 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. 3 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 16 1928

7. AGE: Years — Months: 3 — Days: 7 — 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):
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Ralph Homes
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Albertha Love
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): St. Joseph Mo.

14. INFORMANT: Albertha Homes.
(Address): 519 Isabell

15. FILED FEB 25 1929 19 ... John G. Ott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 23 Feb 1929

17. I HEREBY CERTIFY, That I attended deceased from 22 Feb 1929 to 22 Feb 1929 that I last saw h. alive on 22 Feb 1929 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia

10 d (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. L. Tiger, M. D.
23 Feb. 1929 (Address) 1908 Messanie

*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: Ashland Cem — DATE OF BURIAL: Feb. 25 1929
20. UNDERTAKER: B. F. Graves. — ADDRESS: 806-8-10 Ed

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD