

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

Do not use this space.

15469

1. PLACE OF DEATH

County Newton
Township
City Neosho (No.)

Registration District No. 609
Primary Registration District No. 4363

File No. 31
Registered No.
St. Ward)

2. FULL NAME Hattie Holmes

(a) Residence. No. 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>George Holmes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 5, 1856</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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)
Illinois

10. NAME OF FATHER J. H. Inel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Indiana

12. MAIDEN NAME OF MOTHER Julia Befield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

14. INFORMANT Paul Holmes
(Address) Neosho Mo

15. FILED 5/7 1929 C. E. Mearns
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/6 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1929, to May 5, 1929 that I last saw him alive on 19....., and that death occurred, on the date stated above, at 6:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Breast

CONTRIBUTORY (SECONDARY) 47 (duration) 1 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.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. R. Reynolds, M. D.
4/6 1929 (Address) Neosho 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 La Cygne, Kans DATE OF BURIAL 4/7 1929

20. UNDERTAKER Byham's ADDRESS Neosho

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 28 1929
235
2
31

