

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

Do not use this space.

28697

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City St. Charles (No. 1036 Olive) St. _____ Ward _____

File No. _____
Registered No. 128
St. _____ Ward _____

2. FULL NAME

James Holmes
(a) Residence No. 1036 Olive 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 0 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY) Mississippi

10. NAME OF FATHER Prophet E Holmes

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

12. MAIDEN NAME OF MOTHER Eddie Lamar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mississippi

14. INFORMANT P E Holmes
(Address) 1036 Olive St

15. FILED 8/28, 1929 Hy G. Blodum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____
at St. Charles _____ 19____
that I last saw him alive on Aug 23, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation from
inhalation of burning
material in a burning
building. Cause
unknown (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 180 (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? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. B. ... M. D.

8-27, 1929 (Address) at Charles and

*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 Oak Grove Cemetery DATE OF BURIAL Aug 28 1929

20. UNDERTAKER W. D. Almy ADDRESS 500 N. 3rd St.

K. R.—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.

RECORD THIS IS A PERMANENT RECORD

92
85
28
1329

7

2261

38