(2)

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5249873

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Brookside Hotel St. Ward)

2. FULL NAME Lyda Massey Holmes

(a) Residence. No. Brookside Hotel St., Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	2	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sarcoxie
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Benjamin F. Massey

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

12. MAIDEN NAME OF MOTHER Maria Withers

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

14. INFORMANT Massey Holmes
(Address) 1040 W 53rd St

15. FILED 12/23 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1929, to Dec 22 1929, that I last saw her alive on Dec 22, 1929, and that death occurred, on the date stated above, at P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis & endocarditis with mitral regurgitation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nephritis, chronic

(duration) 2 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 & laboratory

(Signed) Dave H. Ayres, M. D.

12-22, 1929 (Address) 814 Argyle Bldg

*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~~ Mt. Washington Cem — DATE OF BURIAL 12-23 1929

20. UNDERTAKER Shire & McClure — ADDRESS 3235 Gillham Plaza

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.

814 Argyle
VI-98/81 - We 7777
2-5 will be there [illegible]