

APR 30 1930

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

Do not use this space.

9742

1. PLACE OF DEATH

County Peru
Township Hayti
City (No.) (St.) (Ward)

Registration District No. 653
Primary Registration District No. 5864

File No.
Registered No. 35

2. FULL NAME

Jack Holiman

(a) Residence, No. 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 (write the word)

Single

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

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Alexander

(STATE OR COUNTRY)

Polaski Co - Ark

10. NAME OF FATHER

James Holiman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Berne

(STATE OR COUNTRY)

Clark Co. Ark

12. MAIDEN NAME OF MOTHER

Betha Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Berne

(STATE OR COUNTRY)

Clark Co Ark

14. INFORMANT

J. M. Holiman

(Address)

Hayti Mo

15. FILED

Mar 30 1930

J. N. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar 28, 1930, only, 1930, that I last saw him alive on Mar 28, 1930, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Epytites
34
13512

(duration) 1 week yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Congenital Fevers
(duration) 4 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?

(Signed) William Pitt

M. D.

, 19

(Address)

Hayti 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

DATE OF BURIAL

Morgan Cemetery

Mar 30 1930

20. UNDERTAKER

Hugh Davis

ADDRESS

Hayti Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

