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.

MAR 25 1931

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

Do not use this space.

6086

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township Warrensburg, — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ..... St. ..... Ward)

51 6 7

2. FULL NAME Mary Amanda Francis Holmes

(a) Residence, No. North Warren St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Col

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) Jan. 1.1881

7. AGE: YEARS 50 — MONTHS 1 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Missouri 1

FATHER

13. NAME Benjamin Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER

15. MAIDEN NAME Adeline Carhorn,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, 31

17. INFORMANT (ADDRESS) Charlene Aden Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill Cem DATE 2/18, 1931

19. UNDERTAKER (ADDRESS) S. R. Sweeney Warrensburg, Mo

20. FILED Feb 24, 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16. 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1930 to Feb 16th, 1931

I last saw her alive on Feb 12, 1931. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 2 years — Date of onset

23

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John T Anderson, M. D.

(Address) Warrensburg Mo