

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.

25 1931

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

6310

1. PLACE OF DEATH

County Monroe
Township Macon
City Hannibal

Registration District No. 517
Primary Registration District No. 3679
(No. 616 Mark Swain Ave)

File No.
Registered No. 52
St. 1 Ward

2. FULL NAME Thomas Leak Holmes

(a) Residence. No. 616 Mark Swain Ave St. 1 Ward.

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 — 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Yard Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). 123
(c) Name of employer C. B. & Q. - R. R. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

10. NAME OF FATHER John Holmes

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

12. MAIDEN NAME OF MOTHER Phoebe Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

14. INFORMANT Elizabeth Holmes
(Address) Hannibal Mo.

15. FILED 726 1931 Oldhausius REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 1928, to Feb 22, 1931, that I last saw him alive on Feb 21, 1931, and that death occurred, on the date stated above, at 4:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
112
123 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) uremia, influenza
(duration) 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 general symptoms

(Signed) A. L. Shanks, M. D.

. 19 (Address) Hannibal 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

Riverside Cemetery 2-24-1931

20. UNDERTAKER ADDRESS

Schwartz Funeral Home Hannibal Mo.

