WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19312

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 19312

Township ..... Primary Registration District No. 1003 Registered No. 5247

City Sh Louis (No. 4952 Neosho St. ..... Ward)

2. FULL NAME Jack Holman

(a) Residence. No. 4952 Neosho St., 14 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)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	2	2	

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

9. BIRTHPLACE (CITY OR TOWN) Sh Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joseph C. Holman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sh Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Rose Smercina
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sh Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Joseph Holman
(Address) 4952 Neosho

15. FILED MAY -4 1931 Max C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 1 1931

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to May 1st, 1931 that I last saw him alive on May 1st, 1931, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107A Primary
159
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Premature Birth (7 Mos)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) C. C. Matlock, M. D.
5/2, 1931 (Address) 4989 Neosho

*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
Sh Peter & Paul Cem	5-4 1931
20. UNDERTAKER	ADDRESS 4228
Kriegshauser Und Co S. Kingshighway	

4989 Neoelo