

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

Do not use this space.

27988

**1. PLACE OF DEATH**

County Albany Registration District No. 309  
 Township Patoka Primary Registration District No. 6425  
 City Albany (No. County) Albany St. Albany Ward 1

**2. FULL NAME**

(a) Residence, No. Albany mo. St. Albany Ward 1  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>5</u>	<u>2</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Nov 10 1929 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spura

13. NAME Wilson Sawyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Margaret Wancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT (ADDRESS) Carril L. Prallton

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany Mo. DATE Aug 24 1931

19. UNDERTAKER (ADDRESS) W. J. Taggard

20. FILED Aug 24 1931 W. J. Taggard Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1931, to Aug 22, 1931

I last saw her alive on Aug 21 - 9, 1931. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Cerebral thrombosis  
827  
827

Other contributory causes of importance:

Name of operation ✓ Date of ✓  
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1931

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) J. E. Graham, M. D.  
 (Address) Albany Mo.

SEP 22 1931

Exact statement of Occupation is very important. Do not fill in blank values, so that it may be properly classified.

