

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

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Do not use this space.

29024-A①

1. PLACE OF DEATH

County Pemissot
Township Steele
City Steele (No.)

Registration District No. 4397
Primary Registration District No. 655

File No.
Registered No.
St. Ward)

2. FULL NAME R. D. Holmes

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF " "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
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) --- 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Humondale

MOTHER FATHER
13. NAME Delmer Holmes

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

15. MAIDEN NAME Annice W. Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake city ark

17. INFORMANT Rosie Davis (ADDRESS) Steele mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holly grove DATE 8-6 1931

19. UNDERTAKER (ADDRESS) ---

20. FILED 9/1 1931 Wm. H. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:
"Dilo-Colitis"
119.B 119
Other contributory causes of importance: none
Name of operation..... Date of.....
What test confirmed diagnosis? Churaf 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) James F. Wickley (Coroner) M. D.
(Address) Druggo do do 0:140

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.

