

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

Do not use this space.

34353

1. PLACE OF DEATH

County Jackson
Township New
City J.C. Mo

Registration District No. 390
Primary Registration District No. 390

File No. 4066
Registered No. 4066
St. _____ Ward _____

2. FULL NAME

Ora Helen Holmes

(a) Residence. No. 1721 Benton Blvd Ward 11
(Usual place of abode)

(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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 12 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Essex Co. Canada
(STATE OR COUNTRY)

10. NAME OF FATHER Jonathan Lowe

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

12. MAIDEN NAME OF MOTHER Janey M. Clay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Essex Co. Kentucky
(STATE OR COUNTRY)

14. INFORMANT M. T. Holmes
(Address) 1721 Benton Blvd

15. FILED 10/5 1931 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 to Oct 5, 1931, and that I last saw her alive on Oct 4, 1931, and that death occurred, on the date stated above, at 5:40 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of stomach

CONTRIBUTORY (SECONDARY) Starvation (duration) yrs. 7 mos. ds.

no (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 4613
AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & laboratory
(Signed) David H. Coyne M. D.
10-5-1931 (Address) 814 Regyle Bldg

*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 Memorial Park DATE OF BURIAL 10-7-1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS J.C. Mo

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.

RECORD

Argyle Vi- 9878
V50-E-Terr Hi-0890

72-7134

5 pm.