

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

Do not use this space.

40872

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 124 West 4th St.)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 4852
St. _____ Ward _____

2. FULL NAME John Fred Holman

(a) Residence, No. 4430 Windsor St. 10 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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freida F. Holman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. K.C. Clay County St Joseph Railway
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) Peryton Ohio

13. NAME Albert N. Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio Anderson

15. MAIDEN NAME Vivian Anderson

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

17. INFORMANT Freida N. Holman
(ADDRESS) 4430 Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Morina DATE Dec; 8, 31 19.

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 12/6 1931 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 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 _____ m.

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

Suicide, Corbolic acid poison Date of onset _____

Other contributory causes of importance: 1630 1630

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 12-3, 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?

If so, specify _____

(Signed) Stanley M. Baker, M. D.
(Address) Keokuk Coroner

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.

