

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 1100 North 25th.)

File No. 3758

Registered No. 108

St. _____ Ward)

2. FULL NAME Charles Wendell Holmes,

(a) Residence, No. 1100 North 25th.

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da.

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married,

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

Ella Holmes,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1856,

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

75

5

2

OCCUPATION

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

Treasurer.

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

Dry Goods Wholesale

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 20

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

Newark, Ohio,

13. NAME

Charles W. Holmes,

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

Unknown, Ohio,

15. MAIDEN NAME

Rebecca Brown,

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

Unknown, Kentucky.

17. INFORMANT (ADDRESS)

Mrs. C. W. Holmes, 1100 North 25th Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. park DATE Feb'y. 4th, 32

19. UNDERTAKER (ADDRESS)

Theodor Bergel, Bowman, 319 So. 10th St. Funeral Home

20. FILED

FEB 3 1932

John R. Bender, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1932, to Feb. 1, 1932
I last saw him alive on Feb. 1, 1932. Death is said

to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, left side, followed by hemiplegia

Advanced arterio sclerosis

Other contributory causes of importance:

Advanced arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Jacob Berger, M. D.

(Address) St. Joseph, Mo.

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.

MAR 21 1932

RESERVED FOR BINDING

