

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

Do not use this space.

5077

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Maxon Primary Registration District No. 3020
 City Cartage (No. _____) St. _____ Ward _____

2. FULL NAME

Julia E. Holmes
 (a) Residence, No. 414 E. Leavenger St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 S. S. Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1854

7. AGE YEARS 77 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

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 11

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

13. NAME Benjamin Troutman

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

15. MAIDEN NAME Eva Lybarger

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

17. INFORMANT Ray Pierce (ADDRESS) Cartage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Gen Cemetery DATE Feb. 4 1932

19. UNDERTAKER Knell Mortuary (ADDRESS) Cartage, Missouri

20. FILED Feb 4 1932 O. H. Hetcham Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan. 1 1932 to Feb. 2 1932.
 last saw him alive on Feb. 2 1932. Death is said to have occurred on the date stated above, at 10:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease?
Myocarditis
Senility & Influenza

Other contributory causes of importance: Senility & Influenza
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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 _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Yes

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. M. Chapman, M. D.
 (Address) Cartage, 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.

REC-24-1932

12/22/20