

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

Do not use this space.

23408

1. PLACE OF DEATH

64 County Marion Registration District No. 547
1 Township Mason Primary Registration District No. 2029
8 City Hannibal (No. 1018 Rock St)

File No. _____
Registered No. 213
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1018 Rock St St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 65

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 227
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Principal cause of death: Chronic Emphysema
Other contributory causes of importance: Heart
Date of onset 305

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo
13. NAME Alexander Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Mary Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) Eva Holmes
Box 21 Hill St

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 _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson DATE 7-31 1932
19. UNDERTAKER (ADDRESS) Geo E Roberts
Hannibal Mo
20. FILED July 28 1932 Chlorine Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) James O'Donnell Chlorine
(Address) Hannibal 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.

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