

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

Do not use this space.

28963

**1. PLACE OF DEATH**

38

County St. Louis  
Township Copth  
City Washington (No. \_\_\_\_\_)

Registration District No. 316  
Primary Registration District No. 54292

File No. \_\_\_\_\_  
Registered No. 90  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 - 8 - 12

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

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

10. Date deceased last worked at this occupation (month and year) Sept 9 - 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME Nicholas Shelby

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

MOTHER 15. MAIDEN NAME Ann Mc Miller

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

17. INFORMANT (ADDRESS) Leander Holmeholm

18. BURIAL, CREMATION, OR REMOVAL PLACE Res at Washington Sept 18 1932

19. UNDERTAKER (ADDRESS) R. H. T. Galt

20. FILED Sept 16 1932 Mattie David Registrar.

**2 D MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 - 1932 to Sept 16 - 1932  
I last saw her alive on Sept 16 - 1932 Death is said to have occurred on the date stated above, at 9:48 p.m.

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

Apoplexy  
Date of onset 9/9/32  
83A  
156A

Other contributory causes of importance accidental fall in home  
Date of onset 9/9/32  
14

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History 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? in home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall in home head striking  
Nature of injury bleeding in head

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
(Signed) J. M. Barjer M. D.  
(Address) Albany 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.

38  
OCT 25 1932

