

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

Do not use this space.

1147

96
-29-1932

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Overland Primary Registration District No. 6033B
 City Overland (No. 2353, Hood Ave) St. _____ Ward _____
 Registered No. 750

2. FULL NAME Harry Burns Holman
 (a) Residence, No. 2353 Hood Ave 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. 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 Marie Holman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>60</u>	<u>3</u>	<u>4</u>	

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

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

10. Date deceased last worked at this occupation (month and year) March 1, 1928 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

13. NAME James E. Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Marie Holman
 (ADDRESS) 2353 Hood Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Dec. 14, 1932

19. UNDERTAKER Drehmann Funeral
 (ADDRESS) 1905 Union Blvd

20. FILED 12/13 19 32 Oella Bracy, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to Dec. 11, 1932
 I last saw him alive on Dec. 10, 1932 Death is said to have occurred on the date stated above, at 4:50 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic Date of onset Don't know
Acute Gastritis 27

Other contributory causes of importance:
9:30 9:30

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? _____
 If so, specify _____
 (Signed) D. P. Rutter, M.D.
 (Address) 2548 Woodson Road
Overland, 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.

1506 Holman
3 Pm