

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

Mo. Meth. Hosp.
Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City Mo. Meth Hospital St. _____ Ward _____

File No. 4752
Registered No. 141

2. FULL NAME

(a) Residence, No. 1430 South 23rd 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary P. Holmes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT 30, 1847</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>3</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan Co, Mo.</u>		
13. NAME <u>Robert Holmes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
15. MAIDEN NAME <u>Sarah Parrish</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT (ADDRESS) <u>Mrs. R. C. Greis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Germany</u> DATE <u>Feb. 4 33</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Sullivan</u>		
20. FILED <u>Feb 2 1933</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 18th 1933 to Feb 2nd 1933
I last saw h. alive on Feb 2 1933 Death is said to have occurred on the date stated above, at 2:15 AM.
The principal cause of death and related causes of importance were as follows:
Uraemic coma with initial insufficiency
arterio sclerosis
Date of onset Feb 1/33

Other contributory causes of importance:
arterio sclerosis

Name of operation _____ Date _____
What test confirmed diagnosis? Medical examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. Thompson, M. D.
(Address) 825 Charles

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.

