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

Do not use this space.

14044

File No. 84

Registered No.

Registration District No. 699

Primary Registration District No. 4363

1. PLACE OF DEATH
County Newton
Township
City Neosho (No. St. Ward)

2. FULL NAME Jennie Holmes

(a) Residence, No. 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.

MAY 22 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF Abraham L. Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1866

7. AGE: Years 66 | Months 8 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Creek Ill.

FATHER
13. NAME John Finley Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Margaret Joan Hurner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs Perry Harvey Neosho Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamburg Iowa DATE 4-26-33

19. UNDERTAKER (ADDRESS) Corley Thompson Neosho Mo.

20. FILED 4/25 1933 L. E. Mauzey Registrar

2 2 3

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from april 17, 1933, to april 23, 1933
I last saw her alive on april 23, 1933 Death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tuberculosis	
2. Terminal Pneumonia	
3. with cardiac dilation	

Other contributory causes of importance:
Fall down stairs Breaking 2 ribs.

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

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? No
If so, specify

(Signed) M. S. McCullough D. O. M. D.
(Address) Neosho, Mo