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.

NOV 10 1933

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

Do not use this space.
33983

1. PLACE OF DEATH
County Pemiscot
Township Braggadocio
City ..... (No. ....., ..... St. ..... Ward)
Registration District No. 653
Primary Registration District No. 5871
File No. .....
Registered No. 132

2. FULL NAME George Holcomb
(a) Residence, No. ~~[illegible]~~ St., ..... Ward. Guntersville Ala.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 1899
7. AGE YEARS 34 MONTHS — DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Picker
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) Oct 28-33
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME Sam Holcomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Milton Bonds Ala.
18. BURIAL, CREMATION, OR REMOVAL Guntersville Ala DATE Oct 29, 1933
19. UNDERTAKER (ADDRESS) Ray Undertaking Co Hayti Mo
20. FILED 10-29-, 1933 J. W. Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Justified Homicide — Date of onset 10/28/33
Gunshot, was breaking in slayers premises
Other contributory causes of importance:
173
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? Homicide Date of injury 10-28, 1933
Where did injury occur? near Steele Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
attempted Robbery
Manner of injury Gun shot. Revolver
Nature of injury Shot in left breast
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) J. W. Rhodes Coroner M.D.
(Address) Hayti Mo.