

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Camptwell
City Dummeysburg (No. _____) St. _____ Ward _____

Registration District No. 701
Primary Registration District No. 6935

File No. 10055-^a
Registered No. 26

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)

Mary Matilda Holmes

PERSONAL AND STATISTICAL PARTICULARS

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

5A. MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF W.M.R. Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 1 3

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

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) Russellville Kentucky

13. NAME SA

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

15. MAIDEN NAME Carnel

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

17. INFORMANT (ADDRESS) J. J. Holmes Dummeysburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dummeysburg DATE Mar 18 1934

19. UNDERTAKER (ADDRESS) White-Corwin-Walker Dummeysburg, Mo

20. FILED Mar 18 19 34 J. J. Robt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 11 1934, 19____, to Mch 17 1934, 19____.

I last saw h. _____ er alive on Mch 16 1934, 19____. Death is said

to have occurred on the date stated above, at 12 Noon

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

Broncho Pneumonia Date of onset 8-10-34

Other contributory causes of importance: #

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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 Chas H Brown, M. D.

(Address) Fair Play Mo

JUN 25 1934

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.

