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

Do not use this space.

File No. 11463
Registered No. 97

MAR 25 1934

**1. PLACE OF DEATH**

County St. Louis, ~~Mo.~~ Registration District No. 1123
Township Carondlet Primary Registration District No. 6248 B
City Jefferson Barracks, Mo. Veterans Administration Facility. St. ..... Ward)

**2. FULL NAME** BENJAMIN F. HOLLY

(a) Residence, No. Portageville, Mo. St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kn mos. OWn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Colored | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Maudie Holly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1894

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Unavailable
11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) LaPile, (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Emanuel Holly
14. BIRTHPLACE (CITY OR TOWN) Marion, (STATE OR COUNTRY) Louisiana

MOTHER

15. MAIDEN NAME Amy Jones
16. BIRTHPLACE (CITY OR TOWN) Bradley Co., (STATE OR COUNTRY) Arkansas

17. INFORMANT E. T. GALLAGHER, M.D., Acting Clinical Director.
(ADDRESS) Vet.Adm.Facility,Jeff.Brks.,Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Mar 31 1934
Jefferson Barracks, Mo.

19. UNDERTAKER Unsell & Flaherty
(ADDRESS) St. Louis Mo.

20. FILED 3-31- 1934 B. G. Pate M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to March 29, 1934
I last saw him alive on March 29, 1934. Death is said to have occurred on the date stated above, at 3:15P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia, right lobe | Unk. |
| 133P 107A 33 | |

Other contributory causes of importance:

| | |
|---|---|
| Pyonephrosis. | Unk. |
| Perinephritic abscess | Unk. |

Name of operation --- Date of ---
What test confirmed diagnosis? Clinical, laboratory, x-ray. Was there an autopsy? Yes

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) W. C. GIBSON, M.D., Director.
Vet.Adm.Facility,Jeff.Brks.,Mo. M. D.
(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD