

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

74 County *St. Francois*
Township *Perry*
City..... (No.....) St..... Ward.....

Registration District No. *775*
Primary Registration District No. *6070*

File No. *17891*
Registered No. *257*

2. FULL NAME

James Edwin Holdman

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *3-11-15*

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *none*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Bonneville Mo.*
(STATE OR COUNTRY)

10. NAME OF FATHER *Artie Holdman*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Malgo Mo.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Pentkie Bush*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Francois Mo.*
(STATE OR COUNTRY)

14. INFORMANT *Artie Holdman*
(Address) *Bonneville*

15. FILED *5/5 1934* *T. A. Gorn*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 5 1934*

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurely Born
15 15 9
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) *15 9*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS *Prematurely Born*
(Signed) *Lee Turley*, M. D.

5-5 1934 (Address) *Bonneville*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Mountain View* DATE OF BURIAL *5-5 1934*

20. UNDERTAKER *Robert Cook* ADDRESS *Bonneville*



S-17891