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.

48

SEP 21 1934

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

Do not use this space.

29681

File No.

Registered No. 55

1. PLACE OF DEATH

County Jackson — Registration District No. 404

Township Washington — Primary Registration District No. 5558

City ~~Kansas City~~ (No. 8416 Mercer St. Ward)

2. FULL NAME Samuel Holmes

(a) Residence, No. 8416 Mercer 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. 10 mos. 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	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
87	8	23	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

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) Liberty, Mo.

FATHER

13. NAME Samuel Holmes

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

MOTHER

15. MAIDEN NAME Lucinda Mitchell

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

17. INFORMANT (ADDRESS) E. W. Holmes 8416 Mercer

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Muncie, Leavenworth, Ks. DATE 8-22-34 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

20. FILED Aug. 22, 1934 Fred R. Lindsey Sub. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to Aug. 21, 1934

I last saw h alive on Aug. 19, 1934 Death is said to have occurred on the date stated above, at 8:15 m.

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

	Date of onset
Old age	
Arterio Sclerosis	
Chronic Nephritis	

Other contributory causes of importance:

131
97
102

131

Name of operation 8 Date of

What test confirmed diagnosis? Was there an autopsy? No

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) Gert Jones, M. D.

(Address) 80 E. Pasco

Dr. Geo. H. Jones
80 Paseo.