

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

Do not use this space.

OCT 15 1934

32502

1. PLACE OF DEATH

County St. Louis Registration District No. 318
 Township North St. Louis Primary Registration District No. 2001
 City St. Louis (No. 842) Campbell

File No. _____
 Registered No. 292
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 212 St. Campbell St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Car. Cameron</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 1904</u>				
7. AGE	YEARS <u>28</u>	MONTHS <u>8</u>	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Cook</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1934

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw him dead on 9-4, 1936 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Suicide by drinking
Carbolic acid
History

Other contributory causes of importance:
107

Date of onset _____

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

13. NAME Thomas L. Holloman

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

15. MAIDEN NAME Sara B. Brewer

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

17. INFORMANT (ADDRESS) Mrs. T. L. Holloman
442 St. Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE People's Temple DATE Sept 7, 1934

19. UNDERTAKER (ADDRESS) 3914 Walnut

20. FILED 9-7-34, 19. Kurt Angerton Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Suicide 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? Yes
 If so, specify Oleas A. Geary - coroner, M. D.
 (Signed) _____ (Address) Springfield

