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.

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

MAR 28 1935

Do not use this space.

10142

1. PLACE OF DEATH
County Pettis — Registration District No. 670 — File No. [illegible]
Township Heath Creek — Primary Registration District No. 5896 — Registered No. [illegible]
City ~~Sedalia~~ (No. RFD #4 St. Ward)

2. FULL NAME Walter [redacted] Holman
(a) Residence, No. RFD 4 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26, 1876

7. AGE — YEARS: 59 — MONTHS: 0 — DAYS: 7 — 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.: Farmer
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): Missouri

FATHER
13. NAME: Wilbur Holmon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Susan Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Walter Holmon RFD 4 Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hopewell — DATE: Mar. 5, 1935

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia

20. FILED 3-8-1935 Flossie Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935, to Mar 3 1935
I last saw him alive on Mar 3, 1935. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~	
~~[illegible]~~	
Lymphatic Leucherinia	

Other contributory causes of importance: 72 a

Name of operation — Date of
What test confirmed diagnosis? 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
(Signed) J. Eugene [illegible], M. D.
(Address) Sedalia Mo.