

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

Do not use this space.

17076

1. PLACE OF DEATH

County Madison Registration District No. 528
 Township Ballwin Primary Registration District No. 4314
 City Ballwin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Elizabeth Gould Holman
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Holman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1849</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>3</u>	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>			
	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) _____			
				11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1925

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1925, to May 5, 1925

I last saw her alive on May 3rd, 1925. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Shock

Date of onset
May 5

Other contributory causes of importance:

Fracture of Superior Neck of Left Hip

Name of operation _____ 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 May 3, 1925

Where did injury occur? at home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall on floor

Nature of injury Fracture of Superior Neck of Left Hip

24. Was disease or injury in any way related to occupation of deceased? n.d.

If so, specify _____

(Signed) Agnew, M. D.

(Address) New Center, Mo

Registrar.

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.

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