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.

SEP 25 1935

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

Do not use this space.

26490

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1062 — Registered No. 2237
City Kansas City, Mo. (No. St. Lukes Hospital St. Ward)

2. FULL NAME Phillip Albert Holmes
(a) Residence, No. 2640 Norton 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: 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: XXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 8, 1933.
7. AGE: 1 YEARS — MONTHS: 8 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

FATHER
13. NAME: Albert E. Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

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

17. INFORMANT (ADDRESS): Albert E. Holmes, 2640 Norton, K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill — DATE: Aug. 17, 1935
19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Bdway
20. FILED: Aug 16, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 16, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935, to Aug. 16, 1935
I last saw him alive on Aug. 16, 1935. Death is said to have occurred on the date stated above, at 12:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Illeo-Colitis	Aug 8
Type Undetermined	
119 C	
Other contributory causes of importance:	
Acute Naso-Pharyngitis	Aug 8

Name of operation: No — Date of: —
What test confirmed diagnosis? Clin. & Sal. — Was there an autopsy? Yes

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) S T Damon Walthall, M. D.
(Address) 612 Prof Bldg K. C. Mo

Doctor:

Dr. Damon Walthall,
Professional Bldg.,

Office Hours 2 to 4