

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

Do not use this space.

35445

DEC 17 1935

1. PLACE OF DEATH

County Cedar
Township _____
City Eldorado Springs (No. _____)Registration District No. 163
Primary Registration District No. 4095File No. _____
Registered No. 62
St. _____ Ward _____2. FULL NAME JOHN H. HOLMES(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 MALE | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille Holmes | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1862 | | |
| 7. AGE YEARS 73 | MONTHS 1 | DAYS 27 |
| If LESS than 1 day, hrs. or min. | | |

| | |
|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer |
| | 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) **Mo.**13. NAME **W.W. Holmes**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**15. MAIDEN NAME **Malinda Roberts**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**17. INFORMANT **Ed Holmes**
(ADDRESS) **LaPlata Mo.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **LaPlata, Mo.** DATE **11/21/1935**19. UNDERTAKER **GWINN & SIDERS**
(ADDRESS) **Eldorado Springs, Mo.**20. FILED **11/19/1935** **J.W. Dawson**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 19**, 19**35**22. I HEREBY CERTIFY, That I attended deceased from **Nov. 14**, 19**35**, to **Nov 19**, 19**35**
I last saw him alive on **Nov 18**, 19**35**. 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:**Myocarditis chronic** Date of onset _____Other contributory causes of importance _____
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 _____, 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.W. Dawson**, M. D.
(Address) **Eldorado Springs**

