

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 1331, So. 22nd, St. _____ St. _____ Ward _____)

4623

File No. _____

Registered No. 167

2. FULL NAME

John Oscar Holman

(a) Residence, No. 1331, So. 22nd, St. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Yetta Holman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 27, 1879</u>				
7. AGE	YEARS <u>56</u>	MONTHS <u>5</u>	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Foreman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wehrman Sheet Metal Co.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 5, 1936</u>			
11. Total time (years) spent in this occupation <u>30</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Mo.</u>				
FATHER	13. NAME <u>Chas. Holman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Sweden</u>			
MOTHER	15. MAIDEN NAME <u>Anna B. Johnson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Sweden</u>			
17. INFORMANT <u>Mrs. Yetta Holman</u> (ADDRESS) <u>1331 So. 22nd St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Cemetery</u> DATE <u>Feb. 8, 1936</u>				
19. UNDERTAKER <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Farson St. St. Joseph, Mo.</u>				
20. FILED <u>8</u> <u>7</u> 1936 <u>John A. Benda</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from viewed on Feb. 7, 1936, 19, to _____, 19, _____.

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at 6.00 m. A.M.

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

Date of onset _____

Other contributory causes of importance:
no facts

Name of operation none Date of _____

What test confirmed diagnosis? Cholera 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) Forrest Thomas Coroner, M. D.
(Address) 731 Farson St. St. Joseph, Mo.

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.

[The body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be transcribed accurately. The layout suggests a standard letter or report format with a header, a main body, and a footer area.]