MAY 22 1936

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

Do not use this space.

11424

1. PLACE OF DEATH
County: Lincoln
Township: [illegible]
City: Troy Mo (No. ..... St. ..... Ward)

Registration District No. 491
Primary Registration District No. 4298

File No.
Registered No.

2. FULL NAME Edward Albert Holmes

(a) Residence, No. ..... 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3-1854

7. AGE: Years 82 | Months 0 | Days 23 | 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.: Insurance
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): Hawk Point Mo

FATHER
13. NAME: William Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hawk Point

MOTHER
15. MAIDEN NAME: Bessie Davis ~~Holmes~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hawk Point Mo

17. INFORMANT (ADDRESS): Henry Homer

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: 4-2, 1936

19. UNDERTAKER (ADDRESS): Kimpfe Bros

20. FILED 4-2, 1936 Mrs. Pearl Muck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1936, to March 31, 1936
I last saw ~~him~~ alive on March 31, 1936. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	

Other contributory causes of importance:

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?
If so, specify
(Signed) H. J. Harris, M. D.
(Address) Troy 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD