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.

MAY 14 1936

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

Do not use this space.

14907

1. PLACE OF DEATH
County: Grundy
Township: Jefferson
City: Trenton (No. ..... , ... St. ..... Ward)

Registration District No. 328
Primary Registration District No. 5461

File No. .....
Registered No. .....

2. FULL NAME: Orin Holmes

(a) Residence, No. R. F. D. #4 Trenton St. Mo. Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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: Nina Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1888 - 5 - 17

7. AGE: Years 47 | Months 11 | Days 4 | 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): Apr. 2, 1936
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Missouri

FATHER

13. NAME: Hiram Newton Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Minnie Toddard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Mrs Nina Holmes
(ADDRESS) R F D # 4 Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: K of P. Cemetry DATE: apr. 25, 1936

19. UNDERTAKER: Lemley Funeral Home
(ADDRESS) Trenton Mo

20. FILED 4-25, 1936 Irene D Farr
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19....., to ✓, 19.....

I last saw h..... alive on ✓, 19..... Death is said to have occurred on the date stated above, at about 3:30 p.m.

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

	Date of onset
Cerebral Hemorrhage	
due to Arterio - Sclerosis	
Died while plowing in field	

Other contributory causes of importance:
Hyper Tension

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) Robert E Kirkpatrick M.D., M. D.
(Address) Princeton, Mo

Coroner Grundy Co

DEC 28 194