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.

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

SEP 29 1936

Do not use this space.

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1160 — File No.: 33272

Township: — Primary Registration District No.: 4470 — Registered No.: 89

City: University City (No. 7014 Tulane Ave St. Ward)

2. FULL NAME James Roy Holcomb

(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: Rena Griggin Holcomb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19-1876

7. AGE — Years: 60 — Months: 1 — Days: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traffic Rep

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

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 Kansas

FATHER

13. NAME: William Holcomb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York New York

MOTHER

15. MAIDEN NAME: Elizabeth Daily

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Rena Holcomb 7014 Tulane Ave

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Kansas City Kan DATE: 8-19 19 36

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd

20. FILED: Aug 19, 1936 Lena V. McEllis, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1936, to Aug 18, 1936

I last saw him alive on Aug 18, 1936. Death is said to have occurred on the date stated above, at 9 P. m.

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

	Date of onset
Heat Prostration	

Other contributory causes of importance:

Hyperpyrexia.

Name of operation: Date of:

What test confirmed diagnosis? Physical 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) Walter J. Quellyn, M. D.

(Address) 3825 S. Kingshighway

Filed Aug 19 1936