NOV 28 1936

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

Do not use this space.

38012

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408
Township — Primary Registration District No. 3020
City: Carthage (No. 1031 Cedar St. Ward)

2. FULL NAME Evaline Avilla Holmes

(a) Residence, No. 1031 Cedar St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): West Salem Ohio

FATHER

13. NAME: Christopher Kessler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Maria Van Cleve
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Bertha M. Holmes, Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Summerset Cemetery DATE: Oct. 20, 1936

19. UNDERTAKER (ADDRESS): Ulmer Funeral Home, Carthage, Missouri

20. FILED: Oct. 20, 1936 S. B. Colliston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933 to Oct 14, 1936

I last saw her alive on Oct 14, 1936. Death is said to have occurred on the date stated above, at 12:45 a.m. am

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

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance: Senility

Name of operation: none 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: No

(Signed) George H. Wood, M. D.
(Address) Carthage 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.