

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.

FEB 25 1937

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

Do not use this space.

1519

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. St Joseph Hospital)

Registration District No. 399
Primary Registration District No. 1007

File No. 340
Registered No. _____
St. _____ Ward _____

2. FULL NAME Guendele Eugene Holman

(a) Residence, No. 1912 Northern Blvd., St., Ward. Indep. Blvd.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Alfred Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Martha Siglock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Alfred Holman, (ADDRESS) Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Jan. 19-37

19. UNDERTAKER C. H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K. C. Mo.

20. FILED Jan 19, 1937 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1937, to 1/17, 1937

I last saw him alive on 1/17, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

- ① Lobar Pneumonia (epidemic)
- ② Menigitis - Meningococcal

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Sal 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) William, M. D.
(Address) 10307 Indep Ave

