FEB 25 1937

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

Do not use this space.

1636

1. PLACE OF DEATH
County Jackson — Registration District No. 112 No Quincy 392 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 112 No Quincy, K. C. Mo. St. Ward)

2. FULL NAME Fred Hans Holmes
(a) Residence, No. 112 No Quincy 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: Deala Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/2/1891

7. AGE: YEARS 45 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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): Denmark

FATHER
13. NAME: No recrod
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Mrs. Fred Holmes 112 No. Quincy (wife)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawns DATE 1/27/37, 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home 6606 Indep. Ave.,

20. FILED Jan 25, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, ...m.
The principal cause of death and related causes of importance were as follows:

Date of onset

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 1/24/37, 19
Where did injury occur? 112 No Quincy Kaw (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Hanged self.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..... M. D.
(Address) .....

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

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