

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 5553B  
 City Little Blue Mo. Jackson Co Home St. \_\_\_\_\_ Ward)

File No. 16607  
 Registered No. 82

**2. FULL NAME**

Lizzie Holmes  
 (a) Residence, No. 809 Charlotte St. Ward. \_\_\_\_\_  
 (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 Fe 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 72

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed  
 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) Kentucky

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT County Home Records  
 (ADDRESS) Little Blue Mo

18. BURIAL, CREMATION, OR REMOVAL 4-28-37  
 (Place) Dental College DATE \_\_\_\_\_ 19

19. UNDERTAKER Flynn & Green  
 (ADDRESS) Mo

20. FILED 4-29-37 William J. Fields  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-37, 1937

I HEREBY CERTIFY, That I attended deceased from 4-1-37 to 4-28-37, 1937

I last saw him alive on 4-24-37, 1937 Death is said

to have occurred on the date stated above, at 7:30 m.

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

Chs. Pleurodynia  
Nephritis

Other contributory causes of importance: 13!

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Specimen Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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) L. W. Booker, M. D.

(Address) 2028 View Pl.

