AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County New Madrid
Township
City New Madrid (No. , St. Ward)
Registration District No. 604
Primary Registration District No. 4358
File No. 27887
Registered No.

2. FULL NAME Rodell Holmes

(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 Real
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) about 1911
7. AGE YEARS about 26 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Union city Tenn

FATHER
13. NAME Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

17. INFORMANT (ADDRESS) R. F. Stanley New Madrid
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Madrid DATE Aug 2 1937
19. UNDERTAKER (ADDRESS) Richards Und Co New Madrid
20. FILED 8/9 1937 Wm O Bannan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Cut with knife & bleed to death

Date of onset

Other contributory causes of importance:

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Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury , 19
Where did injury occur? New Madrid (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury public place Cut with knife in left upper arm
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. A. Richards Jr Coroner
(Address) New Madrid

N. B.—Every item of information should be carefully supplied. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.