

SEP 21 1937

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

Do not use this space.

29608

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kennett Primary Registration District No. 1002
 City Kennett (No. 1417 1/2 16th) St. 1st Ward 1

2. FULL NAME Tommye Moseley Holmes
 (a) Residence, No. 1417 1/2 16th 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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1918

7. AGE YEARS 30 MONTHS 19 DAYS 16 If LESS than 1 day, hrs. or min. _____

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

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) Louisiana

13. NAME Ned Moseley

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

15. MAIDEN NAME Ada Williams

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

17. INFORMANT Ada Jiner (ADDRESS) 1417 1/2 16th

18. BURIAL, CREMATION, OR REMOVAL PLACE Marys Hill DATE 8/4 1937

19. UNDERTAKER Watkins Bros (ADDRESS) 1729 Lydia

20. FILED Aug 3 37m 1937 Registrar. m Johnson

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 31 1937, to August 1 1937
 I last saw her alive on August 1 1937. Death is said to have occurred on the date stated above, at 2:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Far Advanced Pulmonary Tuberculosis Date onset Sept 1934
Chronic myocarditis 1936

Other contributory causes of importance: 23.

Name of operation none Date of _____
 What test confirmed diagnosis? X-Ray & Sputum 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 _____
 (Signed) Eugene P. Chatman M. D.
 (Address) 2200 East 18th St., H. C. 7th

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.

