

SEP 21 1937

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. 399
Township Dick Primary Registration District No. 1002
City Kansas City (No. K.C. Gen 1 Sub) St. _____ Ward _____

File No. 29888
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 609 Man 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18, 1897</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>0</u>
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pool Room</u>		
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) <u>Wyoming</u>		
MOTHER	13. NAME <u>Joseph Holmes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dura</u>	
FATHER	15. MAIDEN NAME <u>Pecchie Rust</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>De uia Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope K.C. Mo</u> DATE <u>8-29-37</u>		
19. UNDERTAKER (ADDRESS) <u>R.A. Fulton</u>		
20. FILED <u>Aug. 26, 1937</u> <u>M.M. Crowe, asst.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7-37, 1937, to 8-26-1937, 1937
I last saw him alive on 7-26-1937, 1937. Death is said to have occurred on the date stated above, at His home
The principal cause of death and related causes of importance were as follows:
Subdiaphragmatic abscess right; Empyema of right chest
Date of onset _____

Other contributory causes of importance:
110

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 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 f
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. A. De Maria, M. D.
(Address) 5417 K.C. Gen 1 Sub

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.

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CERTIFICATE OF DEATH**

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County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 3522
 City..... (No. General Hospital) St. Ward.....

2. FULL NAME Joe 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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40

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

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)

13. NAME

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15. MAIDEN NAME

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18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

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Other contributory causes of importance: 1/0

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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