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.

OCT 13 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.: 398 — File No.: 37857

Township: Blue — Primary Registration District No.: 5554 — Registered No.: 330

City: Kansas City (No. 1708 Evanston St. Ward)

2. FULL NAME William Vinci Holman

(a) Residence, No. 1708 Evanston St., Ward. Independence, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	23	

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Jas. Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: Jarrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT: Mrs. Maude Holman (Wife)
(ADDRESS) Independence, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Mt. Moriah Cemetery
PLACE Kansas City, Mo. DATE Oct. 9, 1937

19. UNDERTAKER: Stine & McClure
(ADDRESS) 3235 Gillham Plaza, Kansas Cy., Mo.

20. FILED 10-13-1937 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 - 1937, to October 8 - 1937, I last saw him alive on Oct 5 - 1937. Death is said to have occurred on the date stated above, at A. m. 11:30

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

	Date of onset
Coronary Occlusion	
Cerebral attack	

Other contributory causes of importance:
Had Eaten a meal to which Valvular insufficiency
Previously had Hypertension

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury: No, 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: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) C. A. Allen, M. D.
(Address) Independence Mo.

Dr C. H. Allen
Ind 2343