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

Do not use this space.

44445

JAN 17 1938

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Raw — Primary Registration District No.: 100

City: K.C. 2nd (No.: Hickory Hoge St. Ward)

File No.: 100

Registered No.:

2. FULL NAME: Baby Boy Holman

(a) Residence, No.: Home of Parents St. Ward. (If nonresident, give city or town and State)

(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: Male

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 29-37

7. AGE: Years —; Months —; Days 1; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: Child

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): Mo

FATHER

13. NAME: William E. Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER

15. MAIDEN NAME: Gladys Brents

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): W. E. Holman

18. BURIAL, CREMATION, OR REMOVAL: Heavy Brown PLACE DATE Sept 22, 19 37

19. UNDERTAKER (ADDRESS): Rose Funeral Home

20. FILED Sept 21, 19 37 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 20, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 9/17/37, 19..., to 9/19/37, 19...

I last saw h. alive on 9/17/37, 19..... Death is said to have occurred on the date stated above, at 3:15 a.m.

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

	Date of onset
Prematurity.	

Other contributory causes of importance:

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

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

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) Maud L. Moore, M. D.

(Address) 1720 Bryant Bldg

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.