

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

Do not use this space.

2611

21

1. PLACE OF DEATH  
 County DeWitt Registration District No. 266  
 33 Township Watkins Primary Registration District No. 5378  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Levicia A. Holman 455  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Holman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/21-1896  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91      1      4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1938, to Jan 24, 1938  
 I last saw her alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 3:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia

8. Trade, profession, or particular kind of work done, as spinner, sateen, bookkeeper, etc.  
Bookkeeper  
 9. Industry or business in which work was done, as silk mill, sawmill, 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) Levicia A. Holman  
Middle Tennessee  
 13. NAME OF FATHER Sherris Harrison  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina  
 15. MAIDEN NAME Jennie Duncan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 17. INFORMANT (ADDRESS) Thomas Holman  
21 Salem Ave  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 1/26, 1938  
 19. UNDERTAKER (ADDRESS) C. H. Spencer  
Undertaker Union Cem  
 20. FILED Jan 25, 1938 F. E. Butler Registrar.

Date of onset unknown  
 Other contributory causes of importance: 108  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. F. Griffith, M. D.  
S. A. ... (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

DECEASED

OCCUPATION

MOTHER

FATHER

MOTHER



2000  
7/14