

REC'D APR 22 1930 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

11820

1. PLACE OF DEATH  
 84 County Polk Registration District No. 700  
 Township Jackson Primary Registration District No. 5729  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Lafayette Martin 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Pawvish  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1856  
 7. AGE YEARS 81 MONTHS 3 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 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) Polk Co., Mo.  
 FATHER 13. NAME John Holman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 MOTHER 15. MAIDEN NAME Amilda Hayter  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 17. INFORMANT (ADDRESS) Claud Holman Walnut Grove, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 3-17-38  
 19. UNDERTAKER (ADDRESS) Brian Funeral Home Walnut Grove, Mo.  
 20. FILED March 17, 1938 Jesse Miller Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h..... alive and in bed, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Senility  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Practically an invalid for four or five years  
 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) J. G. Jarboe, M. D.  
 (Address) Walnut Grove, Mo.

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.

