

REC JUN 8 1938

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

18418  
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
(b) Township Howell Primary Registration District No. 5538 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LARKIN LAFAYETTE HOLCOMB

(a) Residence, No. West Plains, Mo. Rover Rt. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1874

7. AGE YEARS 63 MONTHS 11 DAYS 9 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm  
10. Date deceased last worked at this occupation (month and year) Nov. 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Ball Ground, Georgia. (STATE OR COUNTRY)

FATHER 13. NAME Henry B. Holcomb

14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Arie Williams

16. BIRTHPLACE (CITY OR TOWN) Pickens County, Georgia. (STATE OR COUNTRY)

17. INFORMANT Mrs. Lourine Holcomb. (ADDRESS) West Plains, Mo. Rover Rt.

18. BURIAL, CREMATION, OR REMOVAL Elk Creek Cem. PLACE Howell Twp. DATE May 11, 1938

19. FUNERAL DIRECTOR Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED May 10, 1938 Kido W. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1937, to 5-9, 1938.  
I last saw him alive on 5-9, 1938. Death is said to have occurred on the date stated above, at 11:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? no

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. B. Bohrer, M. D.  
(Address) West Plains, Mo.

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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.

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Hal Thornburgh*

Licensed Embalmer No. 3408

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**