

1939 JAN 18 1939

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

Do not use this space.

43605
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1. PLACE OF DEATH

County Douglas Registration District No. 461
Township Livingston Primary Registration District No. 3024
City (No. 51-215) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

433 Mary Frances Holman

(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

3. SEX Fe 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 Edmond M. Holman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30-1887
7. AGE YEARS 51 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home
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) Davis Co. Mo.

13. NAME William Hesse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co. Mo.

15. MAIDEN NAME Mary Frances Stanley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co. Mo.

17. INFORMANT Francis Holman (ADDRESS) Livingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Livingston, Mo. DATE Jan. 2 1939

19. UNDERTAKER Winkler (ADDRESS) Livingston, Mo.

20. FILED Jan 18 1939 Delia Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1938, to Dec 30 1938

I last saw her alive on Dec 29 1938 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Bronchial pneumonia Date of onset _____

Other contributory causes of importance: 107W

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 1938

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) B. B. Brashe M. D.
(Address) Livingston, Mo.

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.

WRITE PLAINLY, WITH OUTLINES, WITH UNFADING INK—THIS IS A PERMANENT RECORD

12-1-39

RECEIVED
District Attorney General No. 8,
District File Number 112/39
Date Filed _____