

REC'D MAY 19 1939

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

15052

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
(b) Township Excelsior Primary Registration District No. 4230 Registered No. 24
(c) City Ironton or Excelsior (d) Street No. St. James Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

452 Clareta Willard Holmes
(a) Residence, No. Black Mt. 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 Mal. 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 Delpha Lorene Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 4 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bills Creek
(STATE OR COUNTRY) Raymond Co., Mo.

13. NAME John Holmes

14. BIRTHPLACE (CITY OR TOWN) Bills Creek
(STATE OR COUNTRY) Raymond Co., Mo.

15. MAIDEN NAME Cara Strange

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Delpha Holmes
(ADDRESS) Black Mt.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Mt. DATE April 24 1939

19. FUNERAL DIRECTOR (NAME) George Sengbore
(ADDRESS) Black Mt.

20. FILED Apr 27 1939 B. A. Rascher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11 1939, to April 23 1939

I last saw him alive on April 23 1939 Death is said

to have occurred on the date stated above, at 2:00 A

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

Bacillary dysentery

Date of onset

Other contributory causes of importance:

colitis

Name of operation none 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) George Sengbore, M. D.

(Address) Ironton, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.