

REC'D JUN 13 1939

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

18783  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Howell Registration District No. 384  
(b) Township West Plains Primary Registration District No. 4227 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. Christa Hogan 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. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

4522 James Arthur Holmes  
(a) Residence, No. \_\_\_\_\_ St.  Gainesville, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Celesta McGinnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 7

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. \_\_\_\_\_  
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) Ozark County, Mo.

FATHER 13. NAME Harvey Holmes

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

MOTHER 15. MAIDEN NAME Sarah Breedlove

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

17. INFORMANT (ADDRESS) C. F. Holmes  
Mammoth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem. DATE May 12, 1939  
Mammoth, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) O. B. McClure  
Gainesville, Mo.

20. FILED May 11, 1939 Vida W. SIMONS  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1939 to May 11, 1939

I last saw him alive on May 11, 1939 Death is said to have occurred on the date stated above, at 12:50 P.M.

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

Fractured Skull  
with Brain Injury  
1946

Date of onset  
5/9/39

Other contributory causes of importance:

Fracture of left  
Clavicle & right  
scapula

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/9, 1939

Where did injury occur? Ozark Co., Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Industry  
Manner of injury Struck by falling tree  
Nature of injury Fractured skull-brain injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_  
(Signed) W. H. Ogden, M. D.

(Address) West Plains, Mo.

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**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.**