

FILED OCT 18 1940

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

20

Registration District No.

Primary Registration District No.

(No.)

653

5865

File No.

Registered No.

St.

Ward)

32753

87

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

(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.

Mary Lee Holmes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

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

Infant

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

Sept 16, 1940

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

15

OCCUPATION

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

Infant

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

Infant

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)

Hatch, Mo

FATHER

13. NAME

Leroy Holmes

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

Ark.

MOTHER

15. MAIDEN NAME

Bery Lee Thomas

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

Ark.

17. INFORMANT (ADDRESS)

Leroy Holmes Hatch, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Rutherford 10-2 1940

19. UNDERTAKER (ADDRESS)

Friends

20. FILED

10/2

40 Pearl Kelley Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 1 1940

22. I HEREBY CERTIFY, that I attended deceased from

Oct 1 1940 to Oct 1 1940

I last saw him alive on Oct 1 1940

to have occurred on the date stated above, at 6:00 P.M.

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

umbilical hemorrhage

Cause not known - 9/29/40

Other contributory causes of importance:

No physician in attendance at Birth 10/1/40

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

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)

(Address)

W.H. Lambaugh Hatch, Mo.

M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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