FILED OCT 18 1940

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

Do not use this space.

32771

1. PLACE OF DEATH

County Pemiscot 20 Registration District No. 651

Township Little Prairie Primary Registration District No. 5862

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 98

2. FULL NAME Jack Holmes.

(a) Residence, No. Caruthersville, Mo 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 M.

4. COLOR OR RACE C.

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

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

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

7. AGE About 45 yrs. YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) unknown 9

FATHER

13. NAME unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Ed Moore Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE County Farm DATE 12-4 1933

19. UNDERTAKER (ADDRESS) J. W. R. Burchoph Hayti, Mo.

20. FILED Oct. 4 1940 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Homicide

Date of onset

Other contributory causes of importance:

175 B

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? Homicide Date of injury 12-3, 1933

Where did injury occur? 4 miles South East of Broggadam (Specify city or town, county, and State)

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

Manner of injury Murder

Nature of injury Club

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) J. W. Rhodes. Col, M. D.

(Address) Hayti, 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 UNFADING INK—THIS IS A PERMANENT RECORD