

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

Do not use this space.

40354-1  
~~10493~~

**1. PLACE OF DEATH**

County Henry Registration District No. 349  
Township Springfield Primary Registration District No. 53-00  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 19

**2. FULL NAME**

Ellen Johnson Holmes  
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21-1946

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
82 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) West Va.

PARENTS  
10. NAME OF FATHER Phineas Johnson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) Penn.  
12. MAIDEN NAME OF MOTHER Abigail Ross  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) Penn.

14. INFORMANT Euvin P. Johnson  
(Address) R.R. 1 & Clinton, Mo.

15. FILED Dec 31, 19 29 Mrs. G. A. Gray  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928  
17. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928, to Dec. 24, 1928, that I last saw her alive on Dec. 24, 1928 and that death occurred, on the date stated above, at 8:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

87A Apoplexy.  
(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. C. Banta, M. D.  
1929 (Address) Belhous, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Combs Cemetery Dec 25 1928

20. UNDERTAKER ADDRESS  
J. A. Housley Belhous, 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.

