

Birth No. *0000*

State File No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)	
a. County Clay	b. City (If outside corporate limits, write RURAL and give township) Everly	a. State Iowa	b. County Amos
c. Length of Stay (in this place) 9 months		c. City (If outside corporate limits, write RURAL and give township) Ev Bradgate	
d. Full Name of Hospital or Institution residence		d. Street Address (If rural, give location)	

3. NAME OF	a. (First) Roscoe	b. (Middle) Albert	c. (Last) Holm	4. Date of Death (Month) (Day) (Year) May 19, 1950
(Type or Print)				

5. Sex Male	6. Color or Race white	7. Married, Never Married, Widowed, Divorced (Specify) married	8. Date of Birth Dec. 28, 1901	9. Age (In years last birthday) 48	If Under 1 Yr. Mos. Days	If Under 24 Hrs. Hours Min.
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10a. Usual Occupation (Give kind of work done during most of working life, even if retired) clerk	10b. Kind of Business or Industry Sportsman store	11. Birthplace (State or foreign country) Alton, Iowa	12. Citizen of What Country US
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13. Father's Name Robert Hjelm	14. Mother's Maiden Name Mathilda Jacobs
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15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. Social Security No. 482-09-2274	17. INFORMANT'S SIGNATURE <i>Robert P. Holm</i>
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18. Cause of Death Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		Interval Between Onset and Death
	I. Disease or Condition Directly Leading to Death* (a) <i>Gunshot wound of head</i>	<i>intentional</i>	
	Antecedent Causes	<i>Self-inflicted</i>	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Due to (b) <i>Self-inflicted</i>	
	II. Other Significant Conditions	Conditions contributing to the death but not related to the disease or condition causing death.	

19a. Date of Operation	19b. Major Findings of Operation	20. Autopsy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. Accident (Specify) Suicide	21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (City, Town, or Township) Everly, Clay, Iowa	(County) Clay	(State) Iowa
21d. Time of Injury (Month) (Day) (Year) (Hour) May 19, 1950 8 PM	21e. Injury Occurred While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. How Did Injury Occur? <i>Self-inflicted</i>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 PM, from the causes and on the date stated above.

23a. ATTENDANT'S SIGNATURE <i>Kyle F. Frank</i>	23b. Address <i>Corcoran, Spencer, Ia</i>	23c. Date Signed <i>27 May 50</i>
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24a. Burial, Cremation, Removal (Specify) Burial 1	24b. Date 5-22-50	24c. Name of Cemetery or Crematory Linn Grove, Ia.	24d. Location (City, town, or county) (State) Linn Grove, Iowa
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25. FUNERAL DIRECTOR'S SIGNATURE <i>Franklin J. Thomas</i>	Address <i>Spencer, Ia. 3428</i>	License Number
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26. Date Rec'd by Local Registrar <i>May 31, 1950</i>	REGISTRAR'S SIGNATURE <i>Sheona Robinson</i>	File Number <i>#54</i>
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