

Birth No. *0000*

State File No.

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

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

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

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

<b>23a. ATTENDANT'S SIGNATURE</b> <i>Kyle F. Frank</i>	(Degree or title) <b>Coroner</b>	<b>23b. Address</b> <b>Spencer, Ia</b>	<b>23c. Date Signed</b> <b>27 May 50</b>
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<b>24a. Burial, Cremation, Removal</b> (Specify) <b>Burial 1</b>	<b>24b. Date</b> <b>5-22-50</b>	<b>24c. Name of Cemetery or Crematory</b> <b>Linn Grove, Ia.</b>	<b>24d. Location</b> (City, town, or county) (State) <b>Linn Grove, Iowa</b>
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<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Franklin J. Thomas</i>		Address	License Number
<b>COBB*WARNER FUNERAL HOME</b>		<b>Spencer, Ia.</b>	<b>3428</b>

<b>26. Date Rec'd by Local Registrar</b> <b>May 31, 1950</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Sheona Robinson</i>	<b>File Number</b> <del>#53</del> <b>#54</b>
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