

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

159

1. PLACE OF DEATH

County Edwards
Township Washington
City Washington (No. 5294)

Registration District No. 168
Primary Registration District No. 5294

File No. 1288
Registered No. 8
St. Ward

2. FULL NAME

Sam Wilson Hollingsworth
(a) Residence No. St. Ward
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-6-20

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER W. B. Hollingsworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna B. Hollingsworth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington, Mo.
(STATE OR COUNTRY)

14. INFORMANT W. B. Hollingsworth
(Address) Washington, Mo.

15. FILED 1-8-20 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-8-20 1920

17. I HEREBY CERTIFY, That I attended deceased from 1-6-20, 1920, to 1-8-20, 1920, that I last saw him alive on 1-8-20, 1920, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Encephalogram

95 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 150 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Hollingsworth, M. D.
, 19 (Address) Washington, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Washington, Mo. 1-8-20
20. UNDERTAKER Davis Bros. ADDRESS Washington, 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.

Revised United States Standard Certificate of Death

Census and American Public Health Association.]



STATE

JEFFERSON

To

Occupation.—Precise statement of important, so that the relative pursuits can be known. The each and every person, irrespec- tively occupations a single word or ill be sufficient, e. g., *Farmer* or *Compositor, Architect, Locomo- tioneer, Stationary fireman*, etc. Specially in industrial employ- know (a) the kind of work of the business or industry, nal line is provided for the be used only when needed. (b) *Cotton mill; (a) Sales- man, (b) Automobile fac- tion* may form part of the return "Laborer," "Fore-," etc., without more laborer, Farm laborer, omen at home, who are ousehold only (not paid definite salary), may be usework or *At home*, and

children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occu- pation at beginning of illness. If retired from busi- ness, that fact may be indicated thus: *Farmer (re- tired, 6 yrs.)* For persons who have no occupation er, write *None*.

BOA
Bacter
SON
 Cause of Death.—Name, first, USING DEATH (the primary affection ne and causation), using always the for the same disease. Examples: the only definite synonym is al meningitis"); *Diphtheria* Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of(name ori- gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless im- portant. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by rail- way train—accident; Revolver wound of head— homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesir- able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemor- rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.