

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

Do not use this space.

16169

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Joseph Primary Registration District No. 1001
 City Joseph (No. 2137) (No. 206) (Ward) _____
 File No. _____ Registered No. 558 (Fard) _____

2. FULL NAME Bessie Hollingworth
 (a) Residence. No. 2137 206 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

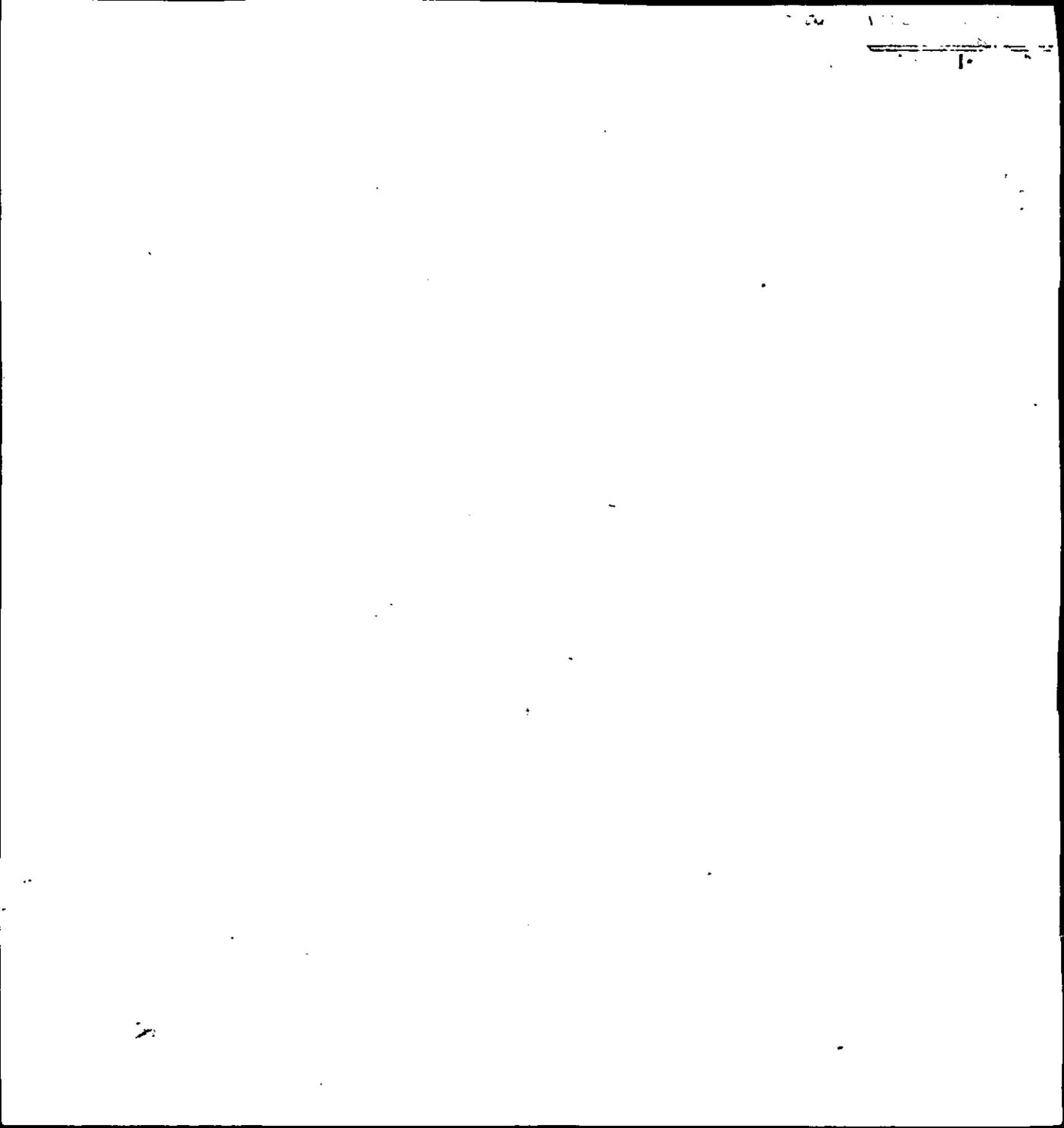
3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Mar
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawsame G.
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 11 12 _____
 8. OCCUPATION OF DECEASED Housework
 (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) Albany Mo
 (STATE OR COUNTRY)
 10. NAME OF FATHER Isaac Newman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sarah Bowman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Va

14. INFORMANT Lawsame G. Hollingworth
 (Address) 2137 206
 15. FILED 4 19 1928
John J. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928
 17. I HEREBY CERTIFY, That I attended deceased from 3/31/28 to 4/2/28
 that I last saw h. s. alive on 5/1/28, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis General
123 ft 202 ft
129 ✓
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Peritonitis of bowel
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) W. J. Dentz, M. D.
5/4, 1928, (Address) 74 Judge
 *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 Albany Mo DATE OF BURIAL 5/5 1928
 20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 Francis



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ALL INFORMATION REQUESTED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Duchanan Registration District No. 83- File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 558
 City St. Joseph (No. _____) St. _____ Ward _____

2. FULL NAME Bessie Hollingsworth
 (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

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) _____
 (STATE OR COUNTRY)

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)

14. INFORMANT _____
 (Address)

15. FILED 5/4 28 John G. [Signature]
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis general
Septic
 CONTRIBUTORY Perforation of Bowel
 (SECONDARY) (ulcer)

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: 114 B

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) [Signature] M.D.
 , 19____ (Address) 2237 [Address]

*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 _____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY

NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

