

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

Do not use this space.

7513

1. PLACE OF DEATH

County Pettis
Towashp. Adalia
City Adalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 52
St. Ward)

2. FULL NAME

James S. Hollandsworth
(a) Residence No. 400 East 2nd St., 2 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Emma J. Hollandsworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 8

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

9. BIRTHPLACE (CITY OR TOWN) Gasconade Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Alfred Hollandsworth

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

12. MAIDEN NAME OF MOTHER Mary McDonald

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

14. INFORMANT W. M. Hollandsworth
(Address) Clinton Mo.

15. FILED 2-7-29 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 16, 1929 to Feb. 6, 1929 that I last saw h. alive on Feb. 3, 1929, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

unknown cause not found
125B
(duration) yrs. 2 mos. 11 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chromosomes
(Signed) Chas. ..., M. D.

*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 Clinton Mo. DATE OF BURIAL Feb 8 1929
ADDRESS Adalia
NO. OF BURIAL ...
M. D. ...

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 25 1929

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Chas. McNeil.