

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

Do not use this space.

6027

MAR 25 1931

**1. PLACE OF DEATH**

County Jasper  
Township Jordan  
City R. 2 Carl Junction (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2003  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Nathaniel Hollingsworth

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 Lrs Hollingsworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 10 10 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Shovel in lead mine  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER J R Hollingsworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no record  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No Record

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

14. INFORMANT Lrs. Hollingsworth  
(Address) R 2 Carl Junction Mo.

15. FILED 7/6 1931 A Benson Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1931

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 4, 1931, that I last saw him alive on July 2, 1931, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

23 hr (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

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) H L Wilbur M. D.

7/6, 1931 (Address) Jasper 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carl Junction Mo DATE OF BURIAL Feb 6 1931

20. UNDERTAKER C B Perry ADDRESS Carl Junction 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

