

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

Do not use this space.

26242

1. PLACE OF DEATH

County Sentinel
Township Richmond No 6
City St. Mary's Hospital (No. 1170)

Registration District No. 1170
Primary Registration District No. 6248th

File No. _____
Registered No. 179 St. _____ Ward)

2. FULL NAME

Norman C. Hallingworth
(a) Residence. No. 1034 1/2 Comodore Dr 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 18, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Student
(b) General nature of industry, business, or establishment in which employed (or employer). High school
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Mass.

10. NAME OF FATHER Fred Hollingworth

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

12. MAIDEN NAME OF MOTHER Edith Gilderwern

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

14. INFORMANT Fred Hollingworth
(Address) 1034 Comodore Dr.

15. FILED 7/11 1931 C. P. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auto accident - while riding as a passenger in a private motor car which collided with a street car (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Injuries skull
208 M (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH Richmond Heights

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physic signs
(Signed) John Schaefer 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 Fall River Mass. DATE OF BURIAL _____

20. UNDERTAKER Alexander and Sons ADDRESS 6175 Pelham

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.

AUG 29 1931

8-10-31

Body being held
for arrival of
father, to be
interred in Fall
River, Mass. later.