

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.

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

Do not use this space.

5870

1. PLACE OF DEATH

County Jackson Registration District No. 396
 Township Fort Osage Primary Registration District No. 42.33
 City Buckner (No. _____, St. _____, Ward _____)

2. FULL NAME James H. Hollywood

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 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 Agnes A. Hollywood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 24, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	76	7	3	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer-retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Shackleford
(STATE OR COUNTRY) Missouri

13. NAME Bernard Hollywood

14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

15. MAIDEN NAME Katherine Gallagher

16. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) South Carolina

17. INFORMANT Mrs. Agnes Hollywood
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buckner DATE March 1, 1935

19. UNDERTAKER Vernon M. Reppert
(ADDRESS) Buckner, Missouri

20. FILED S-10, 1935 N. W. Ramsey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Feb 27, 1935.
 I last saw him alive on Feb 26, 1935. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) N. W. Ramsey, M. D.
 (Address) Buckner, Mo

