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.

[illegible] INK—THIS IS A PERMANENT RECORD

SEP 26 1933

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

Do not use this space.

28229

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7360

City ..... (No. 107 So 22nd St. ..... Ward)

2. FULL NAME Joseph A Hollins

(a) Residence, No. 107 So 22nd St., 21 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha C Hollins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 15 1875

7. AGE: YEARS 58 MONTHS 5 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

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) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Jacob Hollins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Bertha C Hollins 107 So 22nd

18. BURIAL, CREMATION, OR REMOVAL PLACE: WASHINGTON PARK CEM DATE: Aug 27 1933

19. UNDERTAKER (ADDRESS): A Russell Lind Co 2732 Pine

20. FILED: AUG 26 1933 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/2/33, 19..., to 8/23/33, 19...

I last saw him alive on 8/23/33, 19..... Death is said to have occurred on the date stated above, at 9 P m.

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

	Date of onset
Carcinoma of Throat	May 1-1933
Other contributory causes of importance: Internal hemorrhage	8/23/33

Name of operation: Cancer of throat ~~[illegible]~~ Date of July 1933

What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19...

Where did injury occur? none (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? none

If so, specify .....

(Signed) [illegible], M. D.

(Address) 3202 Park