

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.

AN 26 1934

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

Do not use this space.

39080

1. PLACE OF DEATH

County Barton Registration District No. 39
Township Golden City Primary Registration District No. 4023
City Golden City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

William James Hollingsworth
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State) Montana
Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1855</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tipton, Mo.</u>		
13. NAME <u>Wm. M. Hollingsworth</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co. Mo.</u>		
15. MAIDEN NAME <u>Elizabeth Finley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo.</u>		
17. INFORMANT <u>R. L. Hollingsworth</u> (ADDRESS) <u>Golden City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S.O.F. Cem. Golden City</u> DATE <u>Nov. 14, 1933</u>		
19. UNDERTAKER <u>C. D. Phillips</u> (ADDRESS) <u>Golden City, Mo.</u>		
20. FILED <u>12-13</u> , 19 <u>33</u> <u>Beth Wilson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 - 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 4 - 1933 to Dec 13, 1933
I last saw him alive on Dec 10, 1933. Death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage from Arterio Sclerosis Date of onset unknown

Other contributory causes of importance: 87

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) J. B. Crosby, M. D.
(Address) Golden City Mo

