AUG 17 1936

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

Do not use this space.

30265

1. PLACE OF DEATH
County Christian
Township Porter
City ..... (No. ..... St. ..... Ward)

Registration District No. 183
Primary Registration District No. 5-2-6-4

File No. .....
Registered No. 14

2. FULL NAME John Hollingshead

(a) Residence, No. ..... St., ... 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1853

7. AGE — Years: 82 — Months: 10 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Ind.

FATHER
13. NAME Joseph Hollingshead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Ind.~~ unknown

MOTHER
15. MAIDEN NAME Mary Crull
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT B. E. Keltner (ADDRESS) Mixa, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Ind.
PLACE Mishawaka DATE Aug. 3 - 1936
Shipped to

19. UNDERTAKER J. W. Maples (ADDRESS) Clever, Mo

20. FILED Aug. 3, 1936 Edwin B. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936, to Aug 1, 1936
I last saw him alive on June 28, 1936 Death is said to have occurred on the date stated above, at 7 40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis 4 y	

Other contributory causes of importance:
Perforating Carcinoma of the bowels

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. B. Elkins, M. D.
(Address) Springfield Mo.

N.B.—Every item of information should be given if possible. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.