

DEC 21 1937

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

Do not use this space.

41750

1. PLACE OF DEATH

County Lawrence Registration District No. 4701
Township W. 11 S. 1 E. 33 Primary Registration District No. 15-6-33
City St. Vernon Mo (No. Mo. State Sanatorium) St. _____ Ward _____

File No. _____
Registered No. 123
St. _____ Ward _____

2. FULL NAME

George Hollins
(a) Residence, No. 1218 Missouri St., _____ Ward. St. Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 9 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1908
7. AGE YEARS 37 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sandblaster
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) Sept. 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferriday Louisiana

13. NAME David Hollins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferriday La

15. MAIDEN NAME Kittie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferriday La

17. INFORMANT Em. Michael, R. C. Clark
(ADDRESS) Mo. State Sanatorium

18. BIRTH, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Dec 8 1937

19. UNDERTAKER Fornell & Co
(ADDRESS) 216 Vernon Mo

20. FILED Dec 8 1937 P. C. Hollins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1937, to Dec 7, 1937.

I last saw him alive on Dec 7, 1937. Death is said to have occurred on the date stated above, at 9.40 P.M.

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

Pulmonary tuberculosis Date of onset 1934
Silicosis 1934

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Sputum Was there an autopsy? No

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? Yes
If so, specify sandblaster

(Signed) J. H. Stokes, M. D.

(Address) St. Vernon Mo

WRITE PLAINLY, WITH SPREADING 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.

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