

REC'D APR 17 1939

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

Do not use this space.

9564

1. PLACE OF DEATH

County Jackson  
Township Wau  
City W. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1170 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Robert Hollingsworth  
(a) Residence, No. 1317 Garfield St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Hollingsworth

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1939, to 3-14 1939  
I last saw him alive on 3-14 1939 Death is said to have occurred on the date stated above, at 8:20 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1873

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Contractor  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 1

FATHER  
13. NAME Unk

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

MOTHER  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Lucy Grant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Record Clerk General Hospital

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/17 A3

19. UNDERTAKER (ADDRESS) Mathias Bros 1729 Locals

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED Mar 16 1939 Dr. Crow Registrar.

24. Was disease or injury in any way related to occupation of deceased? 1  
If so, specify \_\_\_\_\_  
(Signed) J. A. Brown M. D.  
(Address) General Hospital #2

WRITE PLAINLY, WITH UNFADING 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.

D.B. Harkness  
License # 2889  
Address 1729 Lydia