REG'D SEP 25 1939

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

Do not use this space.

File No. 29788

Registered No. 555

1. PLACE OF DEATH

72 County New Madrid — Registration District No. 607

Township Portage — Primary Registration District No. 5806

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hiz Tony Hollins

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20 - 1922

7. AGE: Years 17 — Months — Days 27 — 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): Greenwood Miss

FATHER

13. NAME: George Hollins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenwood Miss

MOTHER

15. MAIDEN NAME: Sallie Hanner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wimone Miss

17. INFORMANT (ADDRESS): Sally Hollins Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE Portageville DATE 9/21 19

19. UNDERTAKER (ADDRESS): J. M. Payne Portageville Mo

20. FILED 9-21 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1939, to Sept. 17, 1939. I last saw him alive on Sept. 17, 1939. Death is said to have occurred on the date stated above, at 7 30 P m.

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

	Date of onset
Colitis	
12 D	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) H. T. O'Reilly, M. D.

(Address) Portageville, Mo.

52

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

29788
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid Registration District No. 607
(b) Township Portage Primary Registration District No. 5806 Registered No. 55
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tony Hollins
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 20 - 1922
7. AGE YEARS 17 MONTHS DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Greenwood Mont

FATHER
13. NAME Geo. Hollins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood Tenn

MOTHER
15. MAIDEN NAME Sallie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winter Miss

17. INFORMANT (ADDRESS) Sallie Collins Portageville - Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 9-21 1939
19. FUNERAL DIRECTOR (ADDRESS) R. M. Payne Portageville Mo
20. FILED Sept 21 1939 Mary V. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Sept 17, 1939
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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? .....
If so, specify .....
(Signed) H. T. O'Kelley, M. D.
(Address) Portageville Mo

PROPLEMENTARY

SERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.