

102
 SEP 14 1939

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

30404
 Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 497
 (b) Township Duncan Primary Registration District No. 4300 A Registered No. 11
 (c) City Browning (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Melton Hollen

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17th, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 6 10

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

12. BIRTHPLACE (CITY OR TOWN) Near Browning, MO.
 (STATE OR COUNTRY) Sullivan

FATHER
 13. NAME Jas, Hollon

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Eremanthus, Scott

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

17. INFORMANT Ethel Dell
 (ADDRESS) Browning, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Lawn cemetery
 DATE Aug. 28th, 1939

19. FUNERAL DIRECTOR (NAME) M. J. River
 (ADDRESS) Browning, MO.

20. FILED Aug. 30, 1939 Mr. P. L. Williams
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1939, to Aug 27 1939

I last saw him alive on Aug 23 1939. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Nephritis Chronic

Date of onset

Other contributory causes of importance:

Acute Insufficiency

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? No

If so, specify _____
 (Signed) Hanning & Melton _____, M. D.
By M. L. Hanning (Address) _____

RECEIVED

District Health Officer No. 110

District File Number 939-1172

Date Filed SEP 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Body not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.