Standard Certificate of Death
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 13360

1. PLACE OF DEATH
County of Sumter
Township of Sumter
or
City of
Home Address Sumter
Registration District No. 4108 Registered No. 80
(For use of Local Registrar)
(No. Wilmington St.) Ward (If death occurred in a Hospital or institution give its NAME instead of street and number.)

2. FULL NAME James R Hollen
Residence—In City ... Yrs. ... Mos. ... Days

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: Eunice Coker Hollen
6. DATE OF BIRTH (Month, day, and year): Jan 20 1899
7. AGE: Years 39, Months 6, Days 16. If less than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wilkinson
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year): Aug 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or Country): Rabon Co Ga

FATHER
13. NAME: J Hugh Hollen
14. BIRTHPLACE (city or town) (State or Country): Rabon Co Ga

MOTHER
15. MAIDEN NAME: Emily Hayden
16. BIRTHPLACE (city or town) (State or Country): Macon Co Ga

17. INFORMANT: Eunice C Hollen
(Address): Sumter S.C.
18. BURIAL, CREMATION, OR REMOVAL: Burial
Place: Sumter Cemetery Date: Aug 7, 1938
19. UNDERTAKER: Geo H. Hurst & Sons
(Address): Sumter, S.C.
20. FILED: Aug. 13. 1938 Carl D. Epps, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Aug 2, 38
22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938, to Aug 2, 1938; I last saw him alive Aug 2, 1938; death is said to have occured on the date stated above, at ... m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
Cerebral Hemorrhage — Aug 2
Chronic Arteriosclerosis
Was this death due to pregnancy or to childbirth? If so, state which: [illegible]
Contributory causes of importance not related to principal cause: [illegible]
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, 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) [illegible] M. D.
(Address) [illegible]

No 576342

CERTIFIED COPY
I HEREBY CERTIFY THIS IS A TRUE COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE DIVISION OF VITAL RECORDS OF S. C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.

DEC.-1. 1978

Albert [illegible] MD
COMMISSIONER AND STATE REGISTRAR

Doris M Sgars
ASSISTANT STATE REGISTRAR