

1927

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

Do not use this space.

5446

1. PLACE OF DEATH

County Mississippi
Township Charleston
City Charleston (No.) St. Ward

Registration District No. 576
Primary Registration District No. 3030

File No.
Registered No. 18

2. FULL NAME

George M. Bennell Ainsworth

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 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) Feb-22-1927

7. AGE YEARS MONTHS Days If LESS than 1 day, 16 hrs. or 19 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work athome
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER L. M. Ainsworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Lina Chicket
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weston
(STATE OR COUNTRY) Ky

14. INFORMANT L. M. Ainsworth
(Address) Charleston, MO

15. Sept 27 1927 J. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB-23 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1927, to Feb 23, 1927 that I last saw h. l. a. m. alive on Feb 22, 1927, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
16/10 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

(DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Love, M. D.
7/24, 1927 (Address) Charleston, MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL 3/24/27

20. UNDERTAKER The Fair-Salvador ADDRESS Charleston MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

1

2

3

4

5