

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

Do not use this space.

23415

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.

AUG 18 1927

1. PLACE OF DEATH
 County Vernon Registration District No. 875
 Township Center Primary Registration District No. 3039
 City Nevada, Mo. (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Robert C. Ainsworth
 (a) Residence. No. 900 S. 2nd St., 3 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1841

7. AGE YEARS 86 MONTHS 0 DAYS 18 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Calder Springs
 (STATE OR COUNTRY) Mo.

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1927

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1927, to July 15, 1927 that I last saw him alive on July 15, 1927, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
4517
107A (duration) yrs. mos. 4 ds.

CONTRIBUTORY Coronary Arteriosclerosis
 (SECONDARY) (duration) yrs. 9 mos. ds.

10. NAME OF FATHER Robert Ainsworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. C.
 (STATE OR COUNTRY) D. C.

12. MAIDEN NAME OF MOTHER C. W. R. Pettit

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. C.
 (STATE OR COUNTRY) D. C.

14. INFORMANT Rebecca Ainsworth
 (Address) Nevada, Mo.

15. FILED 8/8 1927 E. O. King
 REGISTER

18. WHERE WAS DISEASE CONTRACTED NO
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptomatic
 (Signed) H. C. Lammiman, M. D.
 (Address) Nevada, 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 Hackman Cemetery DATE OF BURIAL July 17 1927

20. UNDERTAKER Ferry Funeral Home ADDRESS Nevada, Mo.

