

OCT 25 1927

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

Do not use this space.

1. PLACE OF DEATH

County CornellRegistration District No. 135Township WakandaPrimary Registration District No. 5193

City..... (No.....)

File No. 26714Registered No. 81

St. Ward)

2. FULL NAME James Ray Wornick

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

(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-3-19277. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wakanda Township(STATE OR COUNTRY) Cornell County, Mo.10. NAME OF FATHER Sam W. Wornick

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Cornell County Mo12. MAIDEN NAME OF MOTHER Leticia May Cornick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Cornell Co. Mo.14. INFORMANT S. W. Wornick(Address) Wakanda, Mo.15. FILED 9-25, 1927 Miss E. E. Farnham

REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-24 192717. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1927, to Sept 24, 1927that I last saw him alive on 9-24, 1927, and that death occurred, on the date stated above, at about 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus160determined (duration) not definitely yrs. mos. da.CONTRIBUTORY (SECONDARY) X158 (duration) X yrs. X mos. X da.18. WHERE WAS DISEASE CONTRACTED at place of death

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? physical diagnosissubjective symptoms N.H. Parish, M.D.9-25-1927 (Address) Carrollton, 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

Elder Cemetery DATE OF BURIAL 9-25 1927

20. UNDERTAKER

Willis Brothers ADDRESS Carrollton

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 carefully supplied.

