

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

Do not use this space.

32850

*JAN 17 1927*

**PLACE OF DEATH**

County DUTHER  
Township Neely  
City NEELYVILLE (No. ....) (St. ....) (Ward ....)

Registration District No. 88  
Primary Registration District No. 5130

File No. ....  
Registered No. 41

**2. FULL NAME** WILLIAM THURK WORTH

(a) Residence. No. NEELYVILLE, MO. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 1 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5-1921

7. AGE 6 YEARS 1 MONTHS 27 DAYS If LESS than 1 day, .... hrs. or .... min.

**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) Neelyville Mo. (STATE OR COUNTRY) Mo.

10. NAME OF FATHER WALTER DUCKWORTH

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brinkley Ark. (STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Levy Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cotton Plant Ark. (STATE OR COUNTRY) Ark.

14. INFORMANT Walter Duckworth (Address) Neelyville Mo.

15. FILED 12-5, 1927 R. L. Turner REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/2 19 27

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 3 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

APPENDICITUS  
11/7/27  
(duration) yrs. mos. 6 ds.

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

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

DID AN OPERATION PRECEDE DEATH? YES DATE OF 11-2-27

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam  
(Signed) W. G. Turner M. D.  
11/30, 1927 (Address) Poplar Bluff 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 Neelyville DATE OF BURIAL 11/3 19 27

20. UNDERTAKER Frank Wood - Co - Poplar Bluff ADDRESS

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.

