

MAR 21 1928

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

Do not use this space.

5790

1. PLACE OF DEATH

County Nodaway
Township Independence
City Independence (No.)

Registration District No. 626
Primary Registration District No. 3828

File No.
Registered No. 4
St. Ward)

2. FULL NAME Grace Nell Haworth

(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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Fred Haworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1886

7. AGE

42

YEARS

MONTHS

1

DAYS

18

IF LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Harmer's housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Nodaway Co., Mo.10. NAME OF FATHER William Cowen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn.12. MAIDEN NAME OF MOTHER Sarah Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Fred Haworth
(Address) Hopkins, Mo.

15.

FILED Feb. 24 1928 William Day
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23 1928

17.

HEREBY CERTIFY, That I attended deceased from Feb. 10, 1928, to Feb. 23, 1928.

That I last saw her... alive on Feb. 14, 1928, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular heart disease.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) W. H. Hopkins, M. D.

2/24, 1928 (Address) Hopkins 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

DATE OF BURIAL

New Hope, Mo.

Feb. 25, 1928

20. UNDERTAKER

A. J. Stithum 2658

ADDRESS

Rufford
La.

