

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

Do not use this space.

37186

1928

1. PLACE OF DEATH

County Jackson Registration District No.

Township Primary Registration District No.

City Kansas City (No. 1327) Woodland

File No.

Registered No.

St. 2nd Ward

2. FULL NAME

(a) Residence. No. 1327 Woodland St. 2nd Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 1883

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 45

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
(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) Kansas

10. NAME OF FATHER George Worsley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Mary Swens

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

14. INFORMANT Mrs. Etta Worsley (Address) 1327 Woodland K.C. MO

15. FILED 12/1/28 M.M. Crowl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Nov 29, 1928 that I last saw him alive on Nov 29, 1928, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cocitis
Diabetes Mellitus
(duration) yrs. mos. ds. 8
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds. 8

18. WHERE WAS DISEASE CONTRACTED K.C. Mo
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF None

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J.F. Mackey M.D.

12-1, 1928 (Address) Kansas City, 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

Franklin Cemetery in Kansas Dec 2 1928

20. UNDERTAKER ADDRESS K.C. Emb & Hearst Co 440 State ave K.C. Kansas

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

