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

Do not use this space.

5976

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Daviess — Registration District No.: 251

Township: Grand Prairie — Primary Registration District No.: 5350

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Sarah Willetta Worley

(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 ..... 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): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓ ✓ ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 26-1915

7. AGE: Years 14 | Months ✓ | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Grand Prairie Twp.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Hartford Worley

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Sarah Trowell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY): Grand Prairie Twp.

14. INFORMANT: H. P. Worley
(Address): Gallatin, Mo

15. FILED 2-26, 1929. Mrs. L. C. Henderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 24 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-24-, 1929, to 2-24-, 1929 that I last saw h. alive on 2-24-, 1929, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
abscess of Tonsil
11:50 OPE
(duration) ..... yrs. ..... mos. 3 ds.

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

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. L. Gardner, M. D.

2-25-, 1929 (Address) Gallatin 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: Scotland — DATE OF BURIAL: 2/25 1929

20. UNDERTAKER: H. A. Hope — ADDRESS: Gallatin

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.

MAR 21 1929

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