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

Do not use this space.

25536

1. PLACE OF DEATH
County Randolph — Registration District No. 734
Township Jacksonville — Primary Registration District No. 5968
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME James Wright 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 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (~~OR~~) ~~WIFE OF~~ husband Sarah A. Haworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	1	14	

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Calvin Haworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rachael Haworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

14. INFORMANT P. W. Haworth
(Address)

15. FILED July 6 1929 Albert Skinner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1929, to July 3, 1929, that I last saw him alive on July 6, 1929, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D. U. Barnhart, M. D.
7-6, 1929 (Address) Huntsville 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: Ackworth, Iowa
DATE OF BURIAL: July 7 1929

20. UNDERTAKER: Andrew Minor
ADDRESS: Huntsville Mo.

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.

1929