

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

Do not use this space.

9335
7

1. PLACE OF DEATH

County Lawrence
Township Pine
City (No. _____) _____

Registration District No. 471
Primary Registration District No. 5634

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Elmer Worthington
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 6 17

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) Berry Co -

PARENTS

10. NAME OF FATHER Bernard Worthington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Berry Co -

12. MAIDEN NAME OF MOTHER Mrs. Browning

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

14. INFORMANT

(Address) Saunder Worthington
Conover Mo R.F.D.

15. FILED

3/5 1930 N Ross Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1930 to Mar 1 1930
that I last saw him alive on Feb 28 1930, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration
1246
930

(duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY Cirrhosis of Liver
(SECONDARY) (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

at place of death
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical Signs

(Signed) Ernest Mitchell M. D.

, 19 (Address) Lawrence 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

Asbury Cemetery March 1930

20. UNDERTAKER

ADDRESS

John Strossel Jr. Pine City 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.

APR 30 1930

