

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

Do not use this space.

11152

1. PLACE OF DEATH

County Putnam Registration District No. 718
Township _____ Primary Registration District No. 6430
City Unionville (No. _____) St. _____ Ward _____

File No. 5947
Registered No. 718 11

2. FULL NAME Orris F. Wentworth

(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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-1872

7. AGE YEARS 58 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME F.H. Wentworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

15. MAIDEN NAME Abia Mc Gown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Stella Marie Wentworth
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Mar 9, 1931

19. UNDERTAKER F.O. Husted & Son
(ADDRESS) Unionville Mo

20. FILED Mar 9 1931 J. K. Hatman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1931, to March 6, 1931
I last saw h. in alive on March 5, 1931 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

Tubercular pneumonia
108 108
Other contributory causes of importance: _____

Date of onset 2/27/31

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John E. Cobb, M. D.
(Address) Unionville 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 25 1931

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