

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

Do not use this space.

21336

1. PLACE OF DEATH

County Jackson Registration District No. 889
 Township Raw Primary Registration District No. 8002
 City Kansas City (No. 5443, Garfield Ave) Ward

File No. _____
 Registered No. 2433

2. FULL NAME

Josephine Worsey
 (a) Residence No. 3246 East 29th St. 11 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Elmer Frank Worsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) 900
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 5

PARENTS
 10. NAME OF FATHER Joseph Douglas
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
 12. MAIDEN NAME OF MOTHER Mary Sweeney
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada 5

14. INFORMANT Mrs. Millie M. Esmond
 (Address) 5443 Garfield Ave.

15. James 1931 m. m. Crowe
 REGISTRAR Asor

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to June 2, 1931 (that I last saw him/her alive on June 2, 1931, and that death occurred, on the date stated above, at 3:00 P. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primiary Arterio
93C
71A (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Myocarditis
 (duration) _____ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) L. B. Rutledge, M. D.
6/2, 1931 (Address) 925 Brough St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL June 4 1931

20. UNDERTAKER W. H. Newcome's Sons ADDRESS K. C. 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.

420 Argyle road

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