

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township ..... Primary Registration District No. 1001  
 City St. Joseph (No. 8th and Hickory St. in R.R. Yards St. ..... Ward) Registered No. 33672  
1067

**2. FULL NAME** E.M. Wormley

(a) Residence, No. 310 south 9 street 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 28, 1872</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>0</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engine wiper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>C. &amp; O. R.R.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Oct. 16, 1931</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lancaster Penn.</u>		
13. NAME <u>Wm. E. Wormley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
17. INFORMANT <u>Mrs. Hattie Simmons</u> (ADDRESS) <u>310 south 9 st. - St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clelland</u> DATE <u>October 24, 1931</u>		
19. UNDERTAKER <u>W. D. Sidupader</u> (ADDRESS) <u>1802 Union st. St. Joseph Mo.</u>		
20. FOLIO <u>067 1 9 1931</u> <u>John R. Bender</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1931

2. I HEREBY CERTIFY, That I attended deceased from viewed remains  
 19....., to 19.....

I last saw him alive on about 19..... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:  
Injuries when ran over by train at 8th & Hickory, St. Joseph Mo.  
was walking on track  
207M  
 Other contributory causes of importance: none

Name of operation none Date of .....  
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 10/17, 1931  
 Where did injury occur? St. Joseph Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury ran over by train  
 Nature of injury cut to pieces

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify W. D. Sidupader Coroner  
 (Signed) John R. Bender Registrar, M. D.  
 (Address) 821 Francis

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.

NOV 23 1931

