

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

Do not use this space.

40744

1. PLACE OF DEATH

County Henry
Township Davis
City Ladue mo (No.)

Registration District No. 355
Primary Registration District No. 5497

File No.
Registered No. 12
St. Ward)

2. FULL NAME

Lewis Hugh Gilworth

(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)

married

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

Minnie Gilworth

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

Jan. 1 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

67

10

19

OCCUPATION

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

Rail Road agent

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

Station agent

10. Date deceased last worked at this occupation (month and year)

Dec. 20, 1931

11. Total time (years) spent in this occupation

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

Union County mo

13. NAME

George Gilworth

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

Milan mo

15. MAIDEN NAME

Dont know

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

Dont know

17. INFORMANT (ADDRESS)

Mrs Minnie Gilworth

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bucklin mo

DATE Dec 23 1931

19. UNDERTAKER (ADDRESS)

Spore & Son

20. FILED

12-23

1931

W E Baggerley

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Unknown. Had his short of breath on walking for some time was going to retire fell dead very over.

Other contributory causes of importance

199 199

Name of operation Date of 19.....

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) E. J. Walker, corner M. D.

(Address) Clinton mo

