

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

Do not use this space.

163

1. PLACE OF DEATH

11 County Buchanan Registration District No. 84 File No. 1001 375
Township St. Joseph Mo. Primary Registration District No. 84 Registered No. 84
City St. Joseph Mo. (No. Sugar Lake Rushville Mo. St. 84 Ward)

2. FULL NAME

(a) Residence, No. 84 Sugar Lake Rushville Mo. St. 84 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Charlesworth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 16, 1861</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Manchester England</u>		
FATHER	13. NAME <u>James Charlesworth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charlesworth England</u>	
MOTHER	15. MAIDEN NAME <u>Emma Charlesworth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Charlesworth England</u>	
17. INFORMANT (ADDRESS) <u>Mrs. S. H. Dubach St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora</u> DATE <u>January 23, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Deeman Funeral Home St. Joseph, Mo.</u>		
20. FILED <u>1-23-32</u> <u>L. F. Gingers</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 19, 1932, to Jan 19, 1932
I last saw him alive on Jan. 19, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 1/16/32
107A
107B
Other contributory causes of importance:

Name of operation g Date of g
What test confirmed diagnosis? nasal Was there an autopsy? no

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

Manner of injury g
Nature of injury g 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify g. W. M. & Sons, M. D.
(Signed) Detalb Mo.
(Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

