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

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.

JAN 22 1932

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

Do not use this space.

2295

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 710 — File No.

Township Central — Primary Registration District No. 6033 — Registered No.

2 City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Edward Worthen

(a) Residence, No. 1031 E. Park Ave. St., Ward. University City Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	1	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 182

10. Date deceased last worked at this occupation (month and year) Jan. 1. 1932

11. Total time (years) spent in this occupation 4

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

FATHER

13. NAME Harman Worthen

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

MOTHER

15. MAIDEN NAME Emmely Jones

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

17. INFORMANT (ADDRESS) East. St. Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava Illinios DATE Jan. 5, 1932

19. UNDERTAKER (ADDRESS) Corghan Undertaking Co Ava Illinois.

20. FILED Jan. 4 1931 H. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 a. m.

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

	Date of onset
Collision with automobile while a pedestrian on public highway	1/1/32
Other contributory causes of importance: Basal fracture of [illegible] Internal injuries	2-00

Name of operation None Date of

What test confirmed diagnosis Physical Exp. 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 1/1, 1932

Where did injury occur? University City 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 Struck by Automobile

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John [illegible] M.D. Coroner, ###.

(Address) Overland Mo. St. Louis County Mo.