

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

Do not use this space.

5313

**1. PLACE OF DEATH**

59 County Livingston Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 2026  
1 City Chillicothe (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 20

**2. FULL NAME**

(a) Residence, No. S. Wilson 70 St. 4 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 9 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Geo Worstell

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

15. MAIDEN NAME Mary Robinson

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

17. INFORMANT Mrs Seth Worstell  
(ADDRESS) Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fidgenwood DATE 2-27-1932

19. UNDERTAKER F. B. Norman  
(ADDRESS) Chillicothe Mo.

20. FILED 270 19 32 R. Barney  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 19 32 to Feb 20 19 32

I last saw him alive on 20 Feb, 1932 Death is said to have occurred on the date stated above, at 7 A. m.

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

Cardiac Insufficiency Date of onset \_\_\_\_\_  
92A  
15B  
9200

Other contributory causes of importance: Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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 X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify \_\_\_\_\_  
(Signed) F. B. Norman M-DO  
(Address) Chillicothe Mo

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.

WAR 23 1832

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