

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

Do not use this space.

16257
2050

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Jackson Primary Registration District No. _____
City Kansas City (No. KC General Hosp) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

William Worthington
(a) Residence, No. 1429 E. 79th St. 15 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1866

7. AGE YEARS 66 MONTHS _____ DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Indiana

13. NAME Wm. Worthington

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

15. MAIDEN NAME Lucinda Slater

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

17. INFORMANT (ADDRESS) Deirda Clark R.C. Gen. Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 5/23 1932

19. UNDERTAKER (ADDRESS) W. H. Maybury

20. FILED 5/21 1932 M. M. Gault Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1932 to 5-21 1932

I last saw him alive on 5-21 1932 Death is said to have occurred on the date stated above, at 6:20 P.M.

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

Hyper trophy of prostate
137 137
Other contributory causes of importance: 1

Name of operation Prostatectomy Date of 5-17-32
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1932

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) P. E. Williams M. D.
(Address) Dept. R.C. Gen. Hosp. K.C. 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.

