

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.

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

Do not use this space.

21408

1. PLACE OF DEATH

County Registration District No. *791*
Township Primary Registration District No. *303*
City *St. Louis Mo.* (No. *14222*, *Wodlee St*) St. Ward) *26*

File No. *5967*
Registered No.

2. FULL NAME

Martin J. Worsey
(a) Residence, No. *14222* *Wodlee St.*, *26* 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 *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) *Lda Worsey*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 14 - 1878*
7. AGE YEARS *54* MONTHS *1* DAYS *24* If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *13*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Plumber*
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) *St. Louis Mo.*
13. NAME *John Worsey*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
15. MAIDEN NAME *Sarah Murphy*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*
17. INFORMANT *Mrs Lda Worsey* (ADDRESS) *14222 Wodlee St.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathary* DATE *June 28 1932*
19. UNDERTAKER *Hy. Heidner Underl. 2* (ADDRESS) *1417 W. Market St.*
20. FILED *JUN 27 1932*

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 25 1932*
22. I HEREBY CERTIFY That I attended deceased from *June 22nd 1932* to *June 24th 1932*
last saw him alive on *June 25th 1932* Death is said to have occurred on the date stated above, at *5:35 a.m.*
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
82.A
102 *\$2.00*
Other contributory causes of importance:
Essential Hypertension

Date of onset *6-22-32*

Name of operation Date of
What test confirmed diagnosis? *Paralysis* Was there an autopsy? *11.0*
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? *11.7*
If so, specify
(Signed) *Goldburn H. Wilcox* M. D.
(Address) *4106 W. Flansourt ave.*

100. 100. 100.
Floressant + Alice