

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

Do not use this space.

32645

1. PLACE OF DEATH

49 County Swain Registration District No. 411
 7 Township Maple Primary Registration District No. 2202
 5 City Joplin Mo.

File No. 21
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. John's Hosp St. _____ 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Worth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1849
 7. AGE YEARS 82 MONTHS 9 DAYS 28 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capitalist
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1932
 I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to Oct. 23, 1932.
 I last saw him alive on Oct 6, 1932 Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic valvular heart disease
arteriosclerosis
 Date of onset 5
 Other contributory causes of importance:
Myocardial infarction

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME Benjamin Worth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 15. MAIDEN NAME Mary Lindval
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT W. A. Fries
 18. BURIAL, CREMATION, OR REMOVAL PLACE Swain DATE Oct. 28, 1932
 19. UNDERTAKER Frank-Sivert Co. (ADDRESS) Joplin Mo.
 20. FILED 10/24/32 Registrar W. A. Fries

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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?
 If so, specify _____ (Signed) W. A. Fries, M. D.
 (Address) Joplin Mo.

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.

NOV 23 1932

