

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 9 1932

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

Do not use this space.

36821

1. PLACE OF DEATH

91 County Ripley
1 Township Douglas
2 City Douglas Mo

Registration District No. 750
Primary Registration District No. 5985

File No. 1120
Registered No. 1120
St. _____ Ward _____

2. FULL NAME

James A Worley
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Synthia Worley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25, 1850</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mapper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mapper</u>	
	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) <u>Douglas Mo</u>		
FATHER	13. NAME <u>Charles Worley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown. 21</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>C. G. Johnston Douglas Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Del. Ridge Cem.</u> DATE <u>11/8</u> '32		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>11/10</u> '32 <u>C. G. Johnston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Nov 8 1932
I last saw him alive on Nov 8 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
52
Cancer of prostate
Date of onset _____

Other contributory causes of importance:
52

Name of operation _____ Date of _____
What test confirmed diagnosis? Anal 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 _____, 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? no
If so, specify _____ (Signed) C. G. Johnston, M. D.
(Address) Douglas Mo

