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

Do not use this space.

1. PLACE OF DEATH
86 County Putnam — Registration District No. 718 — File No. 2775
Township Jackson — Primary Registration District No. 5949 — Registered No. 8
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Rosemary Gillworth

(a) Residence, No. ..... 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29th 1931

7. AGE — YEARS 2 — MONTHS X — DAYS X — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Putnam County Mo

FATHER
13. NAME Clyde Everett Gillworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County Mo

MOTHER
15. MAIDEN NAME Anna Nioma Noland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County Mo

17. INFORMANT (ADDRESS) C. A. Noland Lucerne Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Liberty Mo DATE Jan 30 1933

19. UNDERTAKER (ADDRESS) Comstock Mex Co Unionville Mo

20. FILED Jan 30 1933 G. H. Hahnow Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Suposed Heart trouble
Death Suddenly
Did not see deceased till after death

Other contributory causes of importance:
Marasmus Infantilis

Name of operation 2000 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) G. A. Steele, M. D.
(Address) Lucerne Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of