

29 1933
 WRITE PRINTED, 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.

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

Do not use this space.

6177
 89

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 7 Township Galena Primary Registration District No. 2003
 3 City Joplin (No. _____ St. _____ Ward _____)

2. FULL NAME William Edward Alworth
 (a) Residence, No. 1612 W. 4th 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 m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Baby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28. 32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 3 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker
 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) Galena Ks.
 FATHER
 13. NAME William Alworth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Ks.
 MOTHER
 15. MAIDEN NAME Opal White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.
 17. INFORMANT William Alworth
 (ADDRESS) Joplin Mo.
 18. BURIAL, CREATION OR REMOVAL PLACE Castaville Mo DATE Feb. 22 1933
 19. UNDERTAKER Porter M. Clark
 (ADDRESS) Galena Mo
 20. FILED 2/21 1933 W. Deussen Clark
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1933, to Feb. 19, 1933
 I last saw him alive on Feb. 19, 1933. Death is said to have occurred on the date stated above, at 11:20 ^Am.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset Feb. 13
109A / 109
 Other contributory causes of importance: Nutritional disturbances
 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? no
 If so, specify _____
 (Signed) E. Smartin, M. D.
 (Address) _____
Dr. Walker

