

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

Do not use this space.

14175

1. PLACE OF DEATH
 82
 1 County Polk Registration District No. 685
 Township Sumner Primary Registration District No. 4408
 2 City Sumner St. _____ Ward _____

2. FULL NAME Catharine Worsham
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>26</u>	<u>7</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Tracy Kansas

13. NAME Charley E. Penn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo

15. MAIDEN NAME Annie Chiapsle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tracy Kansas

17. INFORMANT Mr. Charley E. Penn
 (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green Cemetery DATE 4 - 22 1933

19. UNDERTAKER Grace Bankhead
 (ADDRESS) Bowling Green Mo

20. FILED 5/10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to April 20 1933
 Last saw her alive on April 20 1933 Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary T.B.
 Date of onset 9/33

Other contributory causes of importance: _____

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) J. M. Wathens M. D.
 (Address) Bowling Green Mo

WRITE PLAINLY, 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. MAY 23 1933

Registrar.

