

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

Do not use this space.

36697

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Beau Primary Registration District No. 1002  
 City Transasaty (No. 72 C General Hosp) St. Mo. Registered No. 4620 Ward

**2. FULL NAME**

Ernest Wortman  
 (a) Residence, No. 802 Tracy St. Mo. Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
7 0 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) Mo.

FATHER 13. NAME Fred Wortman

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

MOTHER 15. MAIDEN NAME Edith Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT De wa Clerk  
 (ADDRESS) 72 C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Washington DATE Nov. 25 1933

19. UNDERTAKER Elyah Funeral Home  
 (ADDRESS) 7-C Mo.

20. FILED 11-24 1933 M. M. Crowe  
asth Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1933 to 11-22 1933

I last saw him alive on 11-22 1933 Death is said to have occurred on the date stated above, at 9:15 am

The principal cause of death and related causes of importance were as follows:

Diphtheria Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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. H. Jernstedt, M. D.

(Address) 72 C Gen Hosp KC 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.

JAN 3 1934

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1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The second part of the report deals with the specific work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The third part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The fourth part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The fifth part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The sixth part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The seventh part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The eighth part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The ninth part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory. The tenth part of the report discusses the work done during the year and the results achieved. It is noted that the work has been carried out in accordance with the plan and that the results are satisfactory.