

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.

1934 FEB 24

7617

1. PLACE OF DEATH

County Webster  
Township West Benton  
City (No. \_\_\_\_\_)

Registration District No. 901  
Primary Registration District No. 0209

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Arvilla Worley

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. W. Worley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28, 1889</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>1</u>
	DAYS <u>8</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>Housewife</u>	
	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) <u>Douglas Co., Missouri</u>		
FATHER	13. NAME <u>Jim Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Nelson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>G. W. Worley</u> (ADDRESS) <u>Rogersville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Watts Cem.</u> DATE <u>Feb. 7, 1934</u>		
19. UNDERTAKER <u>Kelley and Ferrell</u> (ADDRESS) <u>Rogersville Mo</u>		
20. FILED <u>Feb 10, 1934</u> <u>Nellie Atkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934 to Feb 5, 1934  
I last saw her alive on Feb. 5, 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Perina, with Effusion  
Date of onset 12-20-33  
110  
130  
110  
Other contributory causes of importance:  
Acute nephritis Joint Knud

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) E. H. Hail M. D.  
(Address) Rogersville Mo

