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

Do not use this space.

7792

MAY 25 1934

1. PLACE OF DEATH
County Dallinger — Registration District No. 69
Township Wayne — Primary Registration District No. 2-108
City ..... (No. ....., ... St. ..... Ward)
File No. 8
Registered No.

2. FULL NAME Horace Columbus Worley

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1874
7. AGE — YEARS: 60 — MONTHS: 2 — DAYS: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mar 1934
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Nancy Hendricks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U. S.

17. INFORMANT (ADDRESS): Effie L. Fleming, Zalma
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Greer Cem. — DATE: 3-28, 1934
19. UNDERTAKER (ADDRESS): W. H. Nichols, Zalma
20. FILED 3-28, 1934 — A. S. Kirkpatrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 27, 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1934, to Mar 27, 1934
I last saw him alive on Mar 26, 1934 Death is said to have occurred on the date stated above, at 2.30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Organic Heart disease	
Other contributory causes of importance:	
TB	

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) A. S. Kirkpatrick, M. D.
(Address) Zalma 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD