

SEP 11 1934

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

Do not use this space.

28166

## 1. PLACE OF DEATH

County Wadair  
Township Winksville  
City Winksville (No. ....)

Registration District No. 4  
Primary Registration District No. 3001

File No. ....  
Registered No. 168  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... St. .... Ward. Waverly, Mo.  
(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
4 11 18.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child  
10. Date deceased last worked at this occupation (month and year) 12/1  
11. Total time (years) spent in this occupation 12/1

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

FATHER  
13. NAME Ezra Ellsworth

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

MOTHER  
15. MAIDEN NAME Anna Baker

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

17. INFORMANT Herbert Ellsworth  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waverly Cemetery DATE Aug 30, 1934

19. UNDERTAKER Lawellson & Son  
(ADDRESS) Waverly Mo

20. FILED Aug 28, 1934 Spencer Freeman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1934, to Aug 28, 1934

I last saw de alive on Aug 28, 1934. Death is said

to have occurred on the date stated above, at 11 A. m.

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

General peritonitis

ruptured appendix

peritonitis

Other contributory causes of importance:

peritonitis

ruptured appendix

peritonitis

Name of operation appendectomy Date of Aug 27

What test confirmed diagnosis? no Was there an autopsy? no

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) Earl Langhorne Jr M.D.

(Address) Winksville, 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.

