

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.

DEC 19 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36949

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Adalia(No. St. Louis & Washington)File No. 372Registered No. 668

St.

Ward)

2. FULL NAME Orville Lee Wornell(a) Residence, No. St. Louis & Washington

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Wornell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12 1896</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>1</u>	DAYS <u>18</u>
		If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) <u>Miller County</u> (STATE OR COUNTRY) <u>Missouri</u>
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13. NAME <u>George Wornell</u>

14. BIRTHPLACE (CITY OR TOWN) <u>Miller County</u> (STATE OR COUNTRY) <u>Missouri</u>
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15. MAIDEN NAME <u>Media Grant</u>

16. BIRTHPLACE (CITY OR TOWN) <u>Miller County</u> (STATE OR COUNTRY) <u>Missouri</u>
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17. INFORMANT <u>E. R. Wornell</u> (ADDRESS) <u>Jefferson City Missouri</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>11-4-1934</u>
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19. UNDERTAKER <u>Mrs. Pauline Bros</u> (ADDRESS) <u>Adalia Mo</u>

20. FILED <u>11-4-1934</u> <u>John Black</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 193422. I HEREBY CERTIFY, That I attended deceased from Body, 1934, to Oct 30, 1934I last saw h. alive on Oct 30, 1934 Death is said

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

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

Acute Alcoholism Poisoning Date of onset

Other contributory causes of importance:

