

FEB 22 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

724

1. PLACE OF DEATH

County Darvess Registration District No. 251  
Township Grand River Primary Registration District No. 0050  
City (No. St. Ward)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

George Berry Worley  
(a) Residence, No. St. Ward.  
(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 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) Aug 29 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
4 23

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) Grand River, Mo.  
(STATE OR COUNTRY) Darvess Co., Mo.

13. NAME Jasper Worley

14. BIRTHPLACE (CITY OR TOWN) Darvess Co., Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Iva Ruth White

16. BIRTHPLACE (CITY OR TOWN) Darvess Co., Mo.  
(STATE OR COUNTRY)

17. INFORMANT Jasper Worley  
(ADDRESS) RR 4 - Jamestown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Jan. 23 - 1935

19. UNDERTAKER Hoge F. & W. Co.  
(ADDRESS) Hallatin, Mo.

20. FILED 1-25-1935 Geo. C. Nelson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1935, to 1-23, 1935.

I last saw him alive on 1-20, 1935. Death is said to have occurred on the date stated above, at 11:15 A.M.

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

Pneumonia Date of onset

Other contributory causes of importance:

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?

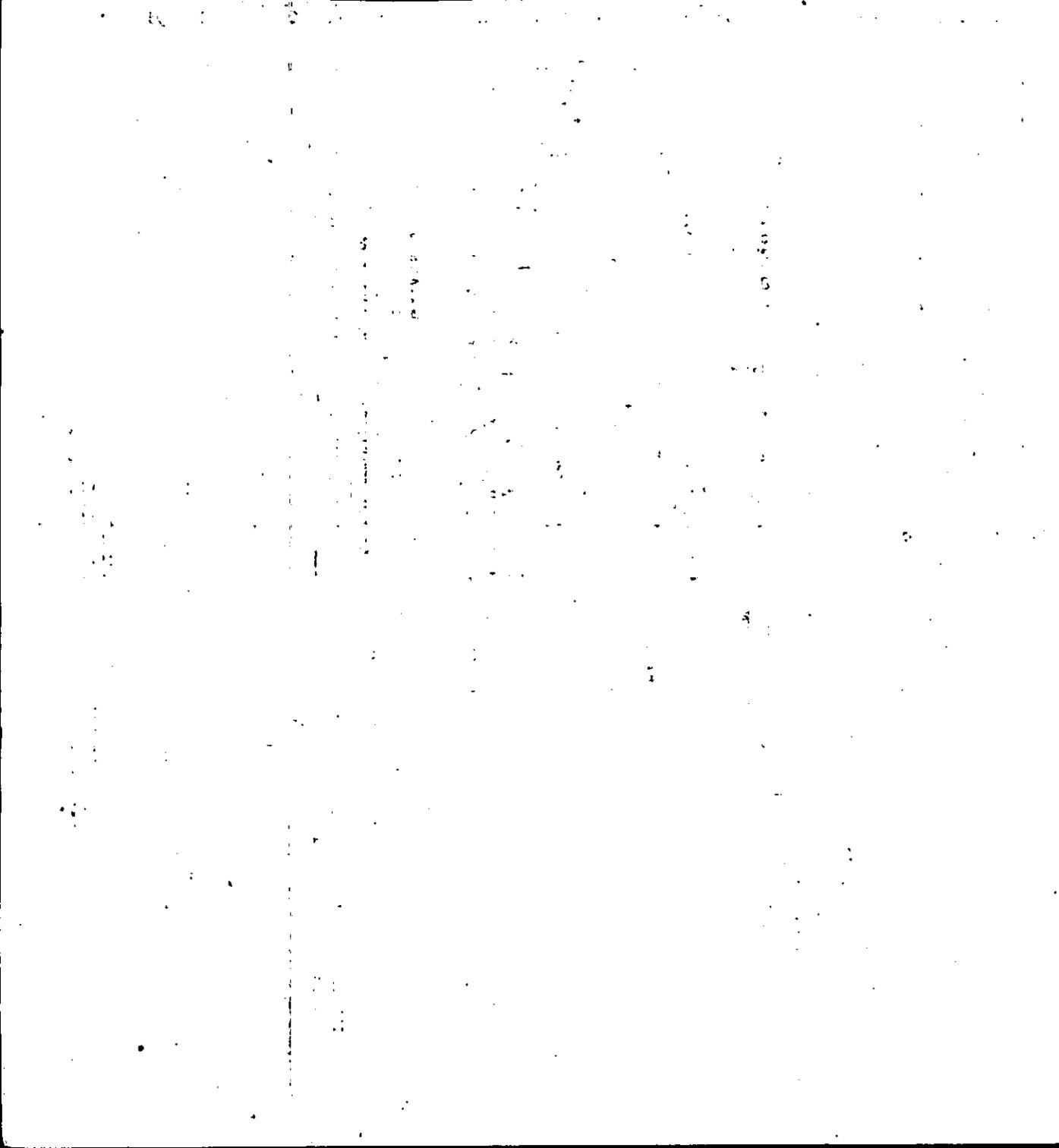
If so, specify

(Signed) E. J. Starnes, M. D.

(Address) Jamestown, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Daviess  
Township.....  
City..... (No. ....)

Registration District No. 251  
Primary Registration District No. 5350

File No. 724  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

George B. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D.  
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1935

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

22. I HEREBY CERTIFY That I attended deceased from

....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day.....hrs. or.....min.  
4 23

Pneumonia Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.....

Pneumonia  
no complications  
Other contributory causes of importance:

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

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED May 10 1935 Geo. B. Harris Registrar

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify G. B. Harris, M. D.  
(Signed) (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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