

FEB 25 1935

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

Do not use this space.

877

## 1. PLACE OF DEATH

County Greene  
Township Wagon  
City Ash Grove (No. \_\_\_\_\_)

Registration District No. 316  
Primary Registration District No. 4191

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

## 2. FULL NAME

R. Mack Killingsworth

(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. 5 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 - 1864

7. AGE YEARS 73 MONTHS 1 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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.

Farmer

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Missouri

13. NAME Samuel Killingsworth

14. BIRTHPLACE (CITY OR TOWN) Cedar Co (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Abbie Edge

16. BIRTHPLACE (CITY OR TOWN) Cedar Co (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs R. M. Killingsworth (ADDRESS) Ash Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ash Grove DATE Jan - 12 - 1935

19. UNDERTAKER Born Funeral Home (ADDRESS) Walnut Grove Mo

20. FILED Jan 12 - 1935 Mrs Leonard Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1934, to Jan. 10, 1935

I last saw him alive on Jan 10, 1935. Death is said to have occurred on the date stated above, at 12 p.m.

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

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of no  
What test confirmed diagnosis? Clinical 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? no  
If so, specify \_\_\_\_\_

(Signed) Charles H. McHaffie, M.D.  
(Address) Ash Grove Missouri

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.

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