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.

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

Do not use this space.

MAR 27 1935

1. PLACE OF DEATH
County Monroe — Registration District No. 927 — File No. 6150
Township Jefferson — Primary Registration District No. 5781B — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME George Washington Workman
(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 35 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1855

7. AGE: Years 79 — Months 8 — Days 9 — 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) Jan. 1935
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Joseph Workman
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME N.K
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.K.

17. INFORMANT (ADDRESS) Harry Workman Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plesant Hill DATE 2/27 1935

19. UNDERTAKER (ADDRESS) Speed & Blakey Paris, Mo.

20. FILED FEB 26 1935 Mrs A. W. Bausman Registrar.
March 9

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 25 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935 to Feb 25, 1935
I last saw ~~h~~ alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dont Know

Other contributory causes of importance: 93c

Name of operation None Date of
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) M. C. McMurry, M. D.
(Address) Paris, Mo.