

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.

13858

JUN 3 1935

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 129

Township Sedalia

Primary Registration District No. 3232

Registered No. 668

City Sedalia

(No. Bothwell Hospital)

St. Ward

2. FULL NAME

(a) Residence. No. Warsaw Mo 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.

da.

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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) 1920-11-25

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

14

4

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Warsaw

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

E. C. Worschke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Henry

(STATE OR COUNTRY)

County, Mo.

12. MAIDEN NAME OF MOTHER

Myrtle C. Crawford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mrs. Frutkin

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

E. C. Crawford

Warsaw, Mo.

15. FILED

april 4, 1935

Jean Slack

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1935

17.

I HEREBY CERTIFY, That I attended deceased from Apr 12, 1935, to Apr 14, 1935, that I last saw him alive on Apr 12, 1935, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic endocarditis

1219

(duration) yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

gangrenous appendix

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at his home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-12-35

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. V. Shy

M. D.

, 19

(Address)

Sedalia Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MAKE AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

General Warsaw

4-15 1935

20. UNDERTAKER

E. M. White

Warsaw Mo.

