

JUN 19 1935

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

Do not use this space.

15835

1. PLACE OF DEATH

County Cass
Township MT Pleasant
City _____ (No. _____)

Registration District No. 118
Primary Registration District No. 5213

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William P Allworth

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna M. Allworth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7, 1868</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>9</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bread laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>		
10. Date deceased last worked at this occupation (month and year) <u>1932</u>		
11. Total time (years) spent in this occupation <u>35 yrs</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
13. NAME <u>John Allworth</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
15. MAIDEN NAME <u>Katharine Bieres</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. M. Mosby</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raymo, Mo.</u> DATE <u>5/26/1935</u>	
19. UNDERTAKER (ADDRESS) <u>K. H. George, Sons</u>	
20. FILED <u>5-26</u> 19 <u>35</u> <u>R. M. Miller</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1933, to May 24 1935
I last saw him alive on May 24 1935. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
cerebral apoplexy
chronic interstitial nephritis
Date of onset _____

Other contributory causes of importance:
Broncho pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis _____ 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) A. D. Johnston M. D.
(Address) Bella, Mo.

