

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

Do not use this space.

22524

SEP 16 1935

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. _____

Township _____

Primary Registration District No. 3014

Registered No. 246

City Jefferson (No. _____)

St. _____ Ward _____

2. FULL NAME

Lloyd Workman

(a) Residence, No. 122 N Elm St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) 3-21-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
37 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

MOTHER FATHER 13. NAME Walter Workman

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

15. MAIDEN NAME Olivia Dreuehart

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

17. INFORMANT (ADDRESS) Walter Workman
122 N Elm

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway 100 DATE Aug 7 35

19. UNDERTAKER (ADDRESS) Dawson - Tanner
22 Mo

20. FILED 8/31 19 35 On the 31st Registrar MS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 35

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935, to Sept, 1935. I first saw him alive on July 31, 1935. Death is said to have occurred on the date stated above at 10 a.m. The principal cause of death and related causes of importance were as follows:

Heat Prostration

Other contributory causes of importance: None known

Name of operation - _____ 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 _____, 1935. 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) Eduard A. ..., M. D.
(Address) Jefferson city Mo

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.

