

NOV 9 1935

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

Do not use this space.

32108

1. PLACE OF DEATH

County Carroll
Township Zachary
City Bogard (No.)

Registration District No. 133
Primary Registration District No. 4074

File No.
Registered No. 19 St. Ward

2. FULL NAME

Ulyssis Grant Worth

(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 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-1863
7. AGE YEARS 72 MONTHS 5 DAYS 9 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) (STATE OR COUNTRY) Missouri
13. NAME Andrew Worth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME G. Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West of Columbus

17. INFORMANT (ADDRESS) S. E. Worth
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 10-19 1935

19. UNDERTAKER (ADDRESS) E. A. Nicolson
20. FILED 10-19 1935 Jamie Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1935
22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to Oct. 14 1935.
I last saw him alive on Oct. 14 1935. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis of lungs
Date of onset 1934

Other contributory causes of importance
3

Name of operation Date of
What test confirmed diagnosis? Tuberculin 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. M. Woodson M. D.
(Address) Childs Fork, 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.

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