

MAY 7 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis Mo** (No. **2837<sup>a</sup> St. Vincent**)

File No. **16917**  
Registered No. **3665**  
St. .... Ward)

## 2. FULL NAME

**Rosa Jane Worthen**  
(a) Residence, No. **2837<sup>a</sup> St. Vincent**, St., **23** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **7** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Simon Worthen</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sep 16 - 1847</i>		
7. AGE	YEARS <i>88</i>	MONTHS <i>6</i>
	DAYS <i>18</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation..... <i>76</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Potosi Mo</i>		
FATHER	13. NAME <i>William Dickson</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Marie Dutz (daughter) 2837<sup>a</sup> St. Vincent</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Our Lady</i> DATE <i>April 5 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Henry Heidemuller 624<sup>a</sup> 3<sup>a</sup> grand</i>		
20. FILED <i>APR 4 1936</i> <i>J. P. Bredeck</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 12*, 19*36*, to *April 2*, 19*36*  
I last saw her alive on *April 1*, 19*36* Death is said to have occurred on the date stated above, at *11:30 PM*  
The principal cause of death and related causes of importance were as follows:  
*Senility*

Date of onset

Other contributory causes of importance:  
*Arterio-sclerosis*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *C. M. Coburn*, M. D.  
(Address) *3012 Lafayette*

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.

