

MAY 29 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

18394

## 1. PLACE OF DEATH

County Worth  
 Township Wentworth  
 City Grant City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 968  
 Primary Registration District No. 62-12

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|  |                              |  |
|--|------------------------------|--|
| 3. SEX<br><u>m</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Infant</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ |                              |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 28, 1936</u>      |                              |  |
| 7. AGE YEARS   | MONTHS                       | DAYS   |
|  |                              | If LESS than 1 day, _____ hrs. or _____ min.                               |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</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) _____                              |
|            | 11. Total time (years) spent in this occupation _____  |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.13. NAME Wm. C. Worthley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.15. MAIDEN NAME Lois Dye Ross16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashtabula, Ohio17. INFORMANT (ADDRESS) Wm. C. Worthley, Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wentworth DATE 4/29, 193619. UNDERTAKER (ADDRESS) John C. Dineen, Grant City, Mo.20. FILED 5-8 1936 Ed. M. M. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28, 193622. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1936, to Apr 28, 1936I first saw him alive on Apr 28, 1936. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

premature  
159

Other contributory causes of importance:

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 \_\_\_\_\_

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? ✓

If so, specify \_\_\_\_\_

(Signed) H. G. Long, M. D.(Address) Shardan Mo

