

SEP 25 1936

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

Do not use this space.

31495

## 1. PLACE OF DEATH

County Coledale  
Township Eldred  
City (No. \_\_\_\_\_) \_\_\_\_\_Registration District No. 457  
Primary Registration District No. 2016File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Sirtha C. Worthy

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Worthy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 18597. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 0 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Coledale Mo13. NAME H. H. Lewis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzmann15. MAIDEN NAME Sallie Jane Rippe16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzmann17. INFORMANT Oliver Worthy  
(ADDRESS) Libanon Mo18. BURIAL, CREMATION OR REMOVAL PLACE Coledale DATE Aug 11 193619. UNDERTAKER Hofman & Stewart  
(ADDRESS) Libanon Mo20. FILED Aug 15 1936 Nora Cole  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 193622. I HEREBY CERTIFY, That I attended deceased from Aug 10 1936 to Aug 10 1936

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Central (Greenhage) Aug 8  
(History only)

Other contributory causes of importance:

2221

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? history 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) P. A. Successor, M. D.(Address) Wentzmann Mo

