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.

SEP 29 1936

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

Do not use this space.

32146

File No.
Registered No. 152

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo. (No. , St. Ward)

Registration District No. 773
Primary Registration District No. 6018A

2. FULL NAME Luther Wofford
(a) Residence, No. Elvins, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louisa Hedrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7-1895

7. AGE: Years 41 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmwork
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): Shannon County Missouri

FATHER
13. NAME: J. T. Wofford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Missouri

MOTHER
15. MAIDEN NAME: Matilda Motsinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Missouri

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe Run, Mo. DATE Aug. 25, 1936

19. UNDERTAKER (ADDRESS): Caldwell Bros. Undertaking Co. Flat River, Mo.

20. FILED Aug 24, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis, chronic	8 yrs.

23

Other contributory causes of importance:

Chronic myocarditic
Chronic pulmonary tuberculosis

Name of operation None Date of
What test confirmed diagnosis? Clin. & Path. 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) G. Tivis Graves, Jr., M. D.
(Address) State Hospital # 4 Farmington, Missouri