

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38612

1. PLACE OF DEATH

County

Pettis County

Registration District No.

664

Township

Green Ridge

Primary Registration District No.

3882

City

(No.)

St.

Ward)

2. FULL NAME

Lella Pearl Whitworth

(a) Residence, No.

R 5 Windsor

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos.

da. 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Rosa Whitworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 9 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

52

11

14

OCCUPATION

8. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Camden County

FATHER

13. NAME

David Iskey

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Hickory County

15. MAIDEN NAME

Rosa Franklin

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Benton County

17. INFORMANT
(ADDRESS)Rosa Whitworth
R 5 - Windsor

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Windsor Mo.

DATE

Nov 10 1936

19. UNDERTAKER
(ADDRESS)C. W. Austin
Windsor, Mo.

20. FILED

Nov 7 - 1936

1936 1936 Shelby

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 23 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 19 1936, Oct 23 1936

I last saw him alive on Sept 9 1936 Death is said

to have occurred on the date stated above, at 6 P.m.

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

chronic myocarditis

Date of onset

?

Other contributory causes of importance:

Heart Block

?

Name of operation none Date of

What test confirmed diagnosis? clinical 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)

Ray B. Jordan

M. D.

(Address)

Windsor 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.

