FEB 25 1937

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

Do not use this space.

1731

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Raw — Primary Registration District No.: 1002 — Registered No.:
City: Kansas City (No.: Duncan's Home St. Ward)

2. FULL NAME: Effie L. Worthington

(a) Residence, No. St. Ward. Lee's Summit Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Saint Worthington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 21-1865

7. AGE: Years 72 — Months 11 — Days 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " " 231
10. Date deceased last worked at this occupation (month and year): 7-1-34
11. Total time (years) spent in this occupation: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianola Iowa

FATHER
13. NAME: Joseph V. Latham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Martha Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Mrs Ella Morris New City N.Y.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lee's Summit DATE: 1-30-37

19. UNDERTAKER (ADDRESS): N. B. Langford Lee's Summit Mo

20. FILED: 1/28 1937 M. M. Crom Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28, 1937

22. I HEREBY CERTIFY That I attended deceased from July 24, 1936, to Jan. 28, 1936 Last saw her alive on Jan. 26, 1936 Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Dementia | 1932 |
| Arteriosclerosis | 1924 |

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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) Clint L. Miller, M. D.
(Address) Lee's Summit Mo

N.B. Every item of information should be carefully supplied. NOS should be stated EXACTLY. Avoid abbreviations.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.