

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Memorah Hosp.)

File No. _____
Registered No. 19156
St. _____ Ward _____

2. FULL NAME Mr. Heber Worley

(a) Residence, No. 3035 Bales 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sue A. Worley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1878
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
58 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printerr K.C. Paper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 25 Yea

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME John C. Worley

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

15. MAIDEN NAME Catherine Zeere

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

17. INFORMANT Mrs. Sue A. Worley
(ADDRESS) 3035 Bales

18. BURIAL, CREMATION, OR REMOVAL PLACE Maryville Mo. DATE May 25, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) _____

20. FILED May 24, 1937 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 23, 1937
I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 8:50 P.M.
The principal cause of death and related causes of importance were as follows:

adeno-carcinoma of ascending colon
46a

Other contributory causes of importance:
Myocarditis
Ch. Nephritis
Suppurative discoloration when operation for abscess
Name of operation _____
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) E.F. Robinson, M. D.
(Address) 928 Prof. Bldg.

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.

55
1937

Prof. Craig