

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.

14 JUL 27 1937

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

Do not use this space.

23383

1. PLACE OF DEATH

County Carroll  
Township Van Hook  
City Bogard, Mo. (No. 3)

Registration District No. 133  
Primary Registration District No. 4074

File No. 13  
Registered No. 13  
St.                      Ward                     

2. FULL NAME

(a) Residence, No. Mary Jane Calvert St.                      Ward                       
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-2-1849

7. AGE YEARS 88 MONTHS 3 DAYS 29 If LESS than 1 day,                      hrs.                      min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) Mo

13. NAME Andrew Worth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr. Mullen (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Zion DATE June 18 1937

19. UNDERTAKER E. A. Dickerson (ADDRESS) Bogard, Mo.

20. FILED 6-17-1937 Janie Henderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28 1937 to May 30 1937

I last saw him alive on May 30 1937. Death is said to have occurred on the date stated above, at 3 P.M.

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

Apoplexy  
intermingled with  
coronary infarction

Other contributory causes of importance: 1860  
May 24<sup>th</sup> fell, fractured right hip joint, in hospital 1937  
shifted in floor, displaced left shoulder

Name of operation not any 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 Accident Date of injury May 24, 1937

Where did injury occur? Bogard Mo

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall

Nature of injury fracture hip joint

24. Was disease or injury in any way related to occupation of deceased?

If so, specify                     

(Signed) E. B. Cobb M. D.

(Address) Worshiping Ave R # one

