

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.

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

Do not use this space.

1. PLACE OF DEATH

County Worth

Registration District No. 913

Township Middle Fork

Primary Registration District No. 6213

City Worth (No. 150)

File No. 4513

Registered No. 4513 St. Ward

2. FULL NAME

(a) Residence, No.

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1937, to Sept. 29, 1937

I last saw him alive on Sept. 29, 1937 Death is said

to have occurred on the date stated above, at 11-P m.

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

Schistosomiasis (Anterior) Date of onset Sept. 29

Other contributory causes of importance:

Name of operation Physic. findings Date of 10

What test confirmed diagnosis? Physic. findings Was there an autopsy? 10

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Physic. findings Date of injury 10, 1937

Where did injury occur? Physic. findings

(Specify city or town, county, and State)

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

Manner of injury Physic. findings

Nature of injury Physic. findings

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Physic. findings

(Signed) Physic. findings, M. D.

(Address) Physic. findings

*Dr. Logan*  
**RECEIVED**

**FEB 28 1938**

**BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH**