

REC'D JUL 17 1938

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

Do not use this space.

22238

**1. PLACE OF DEATH**

County Lafayette Registration District No. 461  
 Township Lafayette Primary Registration District No. 3024  
 City Lafayette (No. ....) St. .... Ward)

**2. FULL NAME** William A. Workcuff

(a) Residence, No. 8<sup>th</sup> Franklin 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**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>Colored</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Pecola H. Workcuff</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>April 10<sup>th</sup> 1895</u>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, ..... hrs. or ..... min.</b>
<u>4</u>	<u>43</u>	<u>2</u>		
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Labour</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b> <u>Jan. 1938</u>		<b>11. Total time (years) spent in this occupation</b> <u>0</u>	
<b>12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)</b> <u>Higginsville Mo.</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>John T. Workcuff</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)</b> <u>Higginsville Mo.</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Wm. Jane Perry</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)</b> <u>Higginsville Mo.</u>			
<b>17. INFORMANT</b> <u>Willie Harris, Daughter</u> (ADDRESS) <u>Richmond Mo.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> <u>no</u> PLACE <u>Higginsville</u> DATE <u>June 12, 1938</u>				
<b>19. UNDERTAKER</b> <u>Thos. M. S. Wilcox</u> (ADDRESS) <u>Lafayette Mo.</u>				
<b>20. FILED</b> <u>June 2, 1938</u> <u>Faye B. Bates</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 10, 1938**22. I HEREBY CERTIFY, That I attended deceased from**Aug. 1937, to June 9<sup>th</sup>, 1938I last saw him alive on June 9<sup>th</sup>, 1938 Death is saidto have occurred on the date stated above, at 2:35 p.m.

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

Coronary occlusion

Date of onset

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?**

If so, specify .....

(Signed) J. W. Frederick, M. D.(Address) Lafayette Mo. Mo.

