

REC'D AUG 22 1938

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

Do not use this space.

24908

1. PLACE OF DEATH

County Camden
Township Wagon
City Camden, Mo

Registration District No. 117
Primary Registration District No. 5767

File No. 20
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. E. Worner Ward. N. M. O.
(Usual place of abode) 714 Woodlawn Ave (If nonresident, give city or town and State) MEXICO, MO

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 Leticia Owen Worner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1882

7. AGE YEARS 55 MONTHS 8 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Manager
10. Date deceased last worked at this occupation (month and year) Woodlawn Ave 11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo

13. NAME John Worner

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

15. MAIDEN NAME Annia Starkham

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

17. INFORMANT (ADDRESS) Margaretta Worner Hulen

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico DATE Aug 4 1938

19. UNDERTAKER (ADDRESS) H. A. Wright
Mexico, Mo

20. FILED Aug 10 1938 Lizzie Keller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Myocardial infarction brought on by an attack of asthma and due to natural causes

Other contributory causes of importance: 117; Coronary Inquest Jury

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) B. E. Woolery coroner M. D.

(Address) Camden, Mo

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.

