

SEP 23 1938

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

29606
Do not use this space.

1. PLACE OF DEATH

(a) County Wosho New York Registration District No. 614 5916
(b) Township Granby Primary Registration District No. 4555
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 24

2. PRINT FULL NAME

Lilly Hayworth 630
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Finley Hayworth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1867
7. AGE YEARS 71 MONTHS 0 DAYS 06 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1938, to Aug 23, 1938
I last saw her alive on Aug 21, 1938. Death is said to have occurred on the date stated above, at 2:05A am.
The principal cause of death and related causes of importance were as follows:

ruled Colitis Date of onset
12010
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois

FATHER 13. NAME John G. Starcher

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) David Whitehead Granby R# 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Mary Greenham DATE 8-25, 1938

19. FUNERAL DIRECTOR (NAME) Carly Thompson (ADDRESS) Newark Mo.

20. FILED Aug 23, 1938 L. R. Rolan Local Registrar.

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) J. C. Edmondson M. D.
(Address) Stella, Mo.

Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-83

Date Filed 9-20-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Barley Thompson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No. 3259

P. O. Address

Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.