

1938 DEC 12

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

37292  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1002  
(b) Township St. Louis Primary Registration District No. 1002 Registered No. 9619  
(c) City Mo (d) Street No. City Hospital 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.

2. PRINT FULL NAME

Allie Barksdale Worthington  
(a) Residence, No. 4525 EVANS AVE St. LI  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICALLY ATTENDING PHYSICIAN

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/3/38 1938

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1909

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:00 P.M.

7. AGE YEARS 29 MONTHS 10 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Haemorrhage due to gunshot wound in abdomen, perforating the stomach & liver, suffered when shot with gun in the hands of one, Samuel Worthington husband of deceased, in home at 4525 Evans Avenue about 6:45 P.M., November 3, 1938.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

Other contributory causes of importance: Evans Avenue about 6:45 P.M., November 3, 1938.

13. NAME WM G BARKSDALE

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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

15. MAIDEN NAME Lula Miller

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

17. INFORMANT (ADDRESS) Mrs Lula Miller  
4525 EVANS AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn 11/5/38

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN  
2849 NO. EUCLID AVE

20. FILED 3 11/19/38 J. Bredeck  
Local Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Homicide Date of injury 11/3/1938  
Where did injury occur? St. Louis, Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury See Above  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Joseph M. Quinn  
(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
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.

1 X12004

**STATEMENT BY LICENSED EMBALMER**

I, Albert Mayfield, Licensed Embalmer No. 3077

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

**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.)**