REC'D JAN 18 1939

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

Do not write in this space. 42840

1. PLACE OF DEATH
(a) County COOPER
(b) Township
(c) or City BOONVILLE
Registration District No. 218
Primary Registration District No. 3015
Registered No. 118
(d) Street No. ST. JOSEPH'S 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 17 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LESLIE E. WORTS
(a) Residence, No. 200 Mc Roberts St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 [redacted] MRS EDNA PAINTER WORTS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 21 - 1884

7. AGE: Years 54 | Months 0 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SHOP WORKER
9. Industry or business in which work was done, as saw mill, bank, etc. M.K. & T. RR
10. Date deceased last worked at this occupation (month and year) DEC 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME I. RUSSELL WORTS
14. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME LAURA PHILLIPS
16. BIRTHPLACE (CITY OR TOWN) VIRGINIA (STATE OR COUNTRY)

17. INFORMANT WILLARD WORTS (ADDRESS) BOONVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE CEM. DATE DEC. 30 1938

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE? MO.

20. FILED Dec 30 1938 D. E. Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938, to Dec 29 1938
I last saw him alive on Dec 28 1938 Death is said to have occurred on the date stated above, at 12:15 m. am
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis from ruptured appendix	12-19-38

Other contributory causes of importance: 121

Name of operation appendectomy Date of 12-20-38
What test confirmed diagnosis? Operation 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? no
If so, specify
(Signed) T. C. Beckett, M. D.
(Address) Boonville, 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/13/39

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

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

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