REC'D APR 11 1939

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

11020
Do not use this space.

1. PLACE OF DEATH
(a) County Iron
(b) Township Arcadia
(c) City Ironton
(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.

Registration District No. 391
Primary Registration District No. 4230
Registered No. 14

2. PRINT FULL NAME James Monroe Whitworth
(a) Residence, No. Ironton 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~) Laura Whitworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1852

7. AGE: Years 86 | Months 9 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as saw mill, bank, etc. general store
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo.

FATHER
13. NAME Issac Gilbert Whitworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Georgia

MOTHER
15. MAIDEN NAME Nancy B. White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Missouri

17. INFORMANT I. E. Whitworth
(ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arcadia Mo. DATE March 8 1939

19. FUNERAL DIRECTOR Norman White & Sons
(ADDRESS) Ironton Mo.

20. FILED March 18 1939 R. A. Rauch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1939

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1939, to March 7, 1939
I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 12.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	

93 A1

Other contributory causes of importance:
arteriosclerosis

none
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? no
If so, specify .....
(Signed) George Ray, M. D.
(Address) Ironton, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ...; Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)