

1937 JUN 21 1939

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

19071  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
 (b) Township Lawrence Primary Registration District No. 5-633  
 (c) City St. Bernon, Mo. (d) Street No. Missouri State Sanatorium 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 5 yrs. 13 mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paul Whitworth

(a) Residence, No. Sweet Springs, Mo. 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Factory  
 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) 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sweet Springs (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joe F. Whitworth

14. BIRTHPLACE (CITY OR TOWN) Sweet Springs (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Myrtle Berry

16. BIRTHPLACE (CITY OR TOWN) Sweet Springs (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL

PLAC Sweet Springs, Mo. DATE May 19, 1939

19. FUNERAL DIRECTOR (NAME) W. C. Carter (ADDRESS) Sweet Springs, Mo.

20. FILED May 16, 1939 P. M. Holshes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1938 to May 16, 1939

I last saw him alive on May 16, 1939. Death is said to have occurred on the date stated above, at 6:48 p.m.

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

Pulmonary Tuberculosis Date of onset 1934

Other contributory causes of importance:  
Empyema Pt.  
Bronchopleural fistula-Rs

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

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 No  
 (Signed) St. P. Madril, M. D.  
Mr. Vernon, Mo. (Address)

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1150

Date Filed JUN 5 1939

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.