

JUL 17 1939

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

22421
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 55714-15
(b) Township Union Primary Registration District No. 557-1 Registered No. _____
(c) City _____ or _____ (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 6 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Wm. Gatta Wormington
(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 17

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

12. BIRTHPLACE (CITY OR TOWN) Lawrence County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Wm. Boswell

14. BIRTHPLACE (CITY OR TOWN) N. Carolina
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Gatta Taylor

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

17. INFORMANT Mrs. J. M. Herman
(ADDRESS) Sarcoxis, Missouri

MURIAL OFFICE OR CEMETERY Wm. Gatta Wormington
PLACE DATE 6/22 39

19. FUNERAL DIRECTOR (NAME) Engelage Funeral Home
(ADDRESS) Sarcoxis, Mo

20. FILED 6/31 19 Mrs. Lanna Broadway
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1937, to June 20, 1939
I last saw him alive on June 20, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Memoria Chronic Nephritis

Date of onset

Other contributory causes of importance:

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) W.B. York M. D.
Sarcoxis, Mo.

By m. B.

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.

STATEMENT BY LICENSED EMBALMER

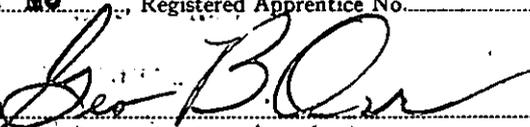
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, and

Roland C. Engelage Sarcoxie, Mo

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. **948**

P. O. Address **Mt. Vernon, Missouri**

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

22421
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Union Primary Registration District No. 5562 Registered No. 153
 (c) City..... (d) Street No.....
 (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 Getta Warrington
 (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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
	<u>84</u>	<u>8</u>	<u>17</u>	hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

FATHER

13. NAME Wm Boswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Getta Taylor

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

17. INFORMANT (ADDRESS) Mrs J C Sherman
Lascoe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cem DATE 6/22 1939

19. FUNERAL DIRECTOR Engelke Funeral Home
Lascoe Mo

20. FILED Aug. 3, 1939 E. J. Mc Intire, M. D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1929 to 6-20 1939
 I last saw her alive on 6-20 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
metastatic (chronic)
leukemia
 Date of onset

Other contributory causes of importance:

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) W. B. Zwick, M. D.
 (Address) Lascoe 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

