

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

Do not use this space.

11812

85

525

1. PLACE OF DEATH

County Bethesda
Township St. Joseph
City St. Joseph (No. St. Joseph's Hosp. St. St. Joseph's Hosp. Ward)

Registration District No. 1001
Primary Registration District No. 1001

File No. 525
Registered No. 525

2. FULL NAME

(a) Residence. No. 115 B St. 115 B Ward. St. Joseph's Hosp. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Worthington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Joseph Worthington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Jane W. Worthington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT (Address) Wm. Worthington

15. FILED APR 28 1930 John S. [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1930 to Apr 28, 1930 that I last saw h. alive on Apr 25, 1930, and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Septic Parotitis - right and left

115 B (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) General Sinitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 101 St. Savannah, Mo.
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WHAT TEST CONFIRMED DIAGNOSIS? Clingele Symptoms
(Signed) Carl Potter M. D.

Apr 28 1930 (Address) 731 Taron St. Joseph, Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Worthington DATE OF BURIAL 5-1-1930

20. UNDERTAKER R. E. Taggart ADDRESS St. Joseph, 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.

1930

Washington

306

Is parotiditis (Parotitis)
used in the
sense of mumps
on this death
certificate?

Ans. - Followed lobar pneumonia
~~but~~ C/Ob

1930

S-11812

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

525

Name: Sarah Dunkan Younger Worthington

Who died at: St. Joseph, Mo. on April 28, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Septic Parotitis - right & left -

Contributory: General Senility

Where was disease contracted? _____

1930

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