MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

2502

1. PLACE OF DEATH
County ST. LOUIS — Registration District No. 191 — File No.
Township ST. LOUIS — Primary Registration District No. — Registered No. 180
City ST. LOUIS (No. Missouri Pacific Hospital St. Ward)

2. FULL NAME Arthur Russell Wormington
(a) Residence, No. 3954 McRee Ave St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Nancy Wormington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1857
7. AGE: YEARS 74 — MONTHS 7 — DAYS 3 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tirewater
10. Date deceased last worked at this occupation (month and year) Pensioner
11. Total time (years) spent in this occupation 44

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

FATHER
13. NAME John Wormington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina

MOTHER
15. MAIDEN NAME Sarah A. Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs Nancy Wormington 3954 McRee Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE Jan 7 1932
19. UNDERTAKER (ADDRESS) Pelts Bros 3029 Lafayette Ave
20. FILED JAN -6 1932 19 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 5 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1931, to 1-5, 1932
I last saw him alive on 1-5-, 1932. Death is said to have occurred on the date stated above, at 9:45 am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| 8 | |
| 10 | |

Other contributory causes of importance: Cerebral Hemorrhage

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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James D. O'Connor, M. D.
(Address) 1755 S. Grand Ave