

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. 31536
 Registered No. 1037

2. FULL NAME Jack Woodworth

(a) Residence, No. 127 Fulkerson St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as silk mill, 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) Sherandoah Iowa

13. NAME Raleigh L. Woodworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherandoah Iowa

15. MAIDEN NAME Mabel E. Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delavan Wisconsin

17. INFORMANT R. L. Woodworth (ADDRESS) 127 Fulkerson

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct 29 1932

19. UNDERTAKER Fred D. Clark (ADDRESS) 5125 KING HILL RD.

20. FILED OCT 29 1932 John R. Bender Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932, to Oct 26 1932

I last saw him alive on Oct 26 1932. Death is said to have occurred on the date stated above, at 10 P m.

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

Cerebral Apoplexy
121B
136
123B
 Other contributory causes of importance:
Cerebral Degeneration and peritonitis (D)
enterostomy

Name of operation enterostomy Date of Oct 17
 What test confirmed diagnosis? autopsy 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) William A. Robertson, M. D.
 (Address) St. Joseph Mo

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.

NOV 21 1932

