

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.

MAR 21 1935

4665

1. PLACE OF DEATH

County Cedar
Township Cedar
City St.

Registration District No. 163
Primary Registration District No. 5232

File No. _____
Registered No. 19
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister of the Gospel
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) Mo

FATHER
13. NAME Robert Worthington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ar. Car.

MOTHER
15. MAIDEN NAME Nancy Harmon

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

17. INFORMANT Ben Worthington
(ADDRESS) El Dorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison Cem. DATE 2-22 1935

19. UNDERTAKER Wm. Siders
(ADDRESS) El Dorado Springs, Mo

20. FILED 2721 1935 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1934, to Feb 20 1935

I last saw him alive on Feb 18 1935 Death is said

to have occurred on the date stated above, at S. A. m.

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

Carcinoma of prostate Date of onset _____
Primary

Other contributory causes of importance:

Senility

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) H. S. Spruell, M. D.

(Address) St. Louis, Mo

