JUL 29 1935

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

Do not use this space.

21895

1. PLACE OF DEATH

106 County Taney — Registration District No. 859 — File No. 21

Township Ohio — Primary Registration District No. 6130 — Registered No.

City (No. , St. Ward)

2. FULL NAME Herman Aldin McWorkman

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mother M. McWorkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	9	5	

OCCUPATION

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

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 A. H. McWorkman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Marguerite Brunk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Marie McWorkman Ridgedale Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Branson Cemetery 6/23 1935

19. UNDERTAKER (ADDRESS) R O Whitehead Branson Mo

20. FILED 6/22 1935 John H Baxter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1935

22. I HEREBY CERTIFY That I attended deceased from June 21, 1935, to June 22, 1935

I last saw him alive on June 22, 1935. Death is said to have occurred on the date stated above, at 2.30 p.m.

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

Spinal Meningitis — Date of onset

Rupture of the Cord

Traumatic

Other contributory causes of importance:

Fracture of 1 + 2 Dorsal Vertebrae

Name of operation Mary — 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? accident — Date of injury June 20, 1935

Where did injury occur? Taney Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Public Road

Manner of injury Team Ran away Thrown from wagon

Nature of injury Fracture of Spinal Vertebrae

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Farmer Driving team

(Signed) Guy B. Mitchell M. D.

(Address) Branson, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD