

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County *Saline*
Township *Marshall*
City..... (No.....).....

Registration District No. *796*
Primary Registration District No. *6039*

File No. *17696*
Registered No. *74*
St..... Ward.....

2. FULL NAME

Charles Worrell
(a) Residence, No. *Saline County Home* 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-17*, 19*37*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Idamay Thomas*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 10* 19*37*, to *4/17* 19*37*. I last saw him alive on *4/14* 19*37*. Death is said to have occurred on the date stated above, at *8:40 a.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-5-1864*

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

7. AGE YEARS *73* MONTHS *2* DAYS *15* If LESS than 1 day, hrs. or min.

Carcinoma, prostate Date of onset *?*

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

Other contributory causes of importance:
51

12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) *Pike County, Mo.*

FATHER 13. NAME *Jeff Worrell*

Name of operation..... Date of.....
What test confirmed diagnosis? *Urinal* (Was there an autopsy?) *No*

14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) *Ky*

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)

MOTHER 15. MAIDEN NAME *Jane Babler*

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

16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) *Ky*

17. INFORMANT (ADDRESS) *Mrs. Neola Coobler State, Mo*

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *High Hill* DATE *4-18* 19*37*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify..... (Signed) *W. A. Sawyer* M. D.

19. UNDERTAKER (ADDRESS) *Hill Brothers State, Mo*

(Address) *Marshall, Mo.*

20. FILED *4-18-37* 19*37* *Mary Kent* Registrar.

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