

REC'D MAR 21 1938

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

7363

Do not use this space.

## 1. PLACE OF DEATH

(a) County Madison Registration District No. 038  
 (b) Township Castor Primary Registration District No. 8-7-27 Registered No. 19  
 (c) City ..... (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Joseph Gilbert Whitworth 363  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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) Aug 29, 1862

7. AGE YEARS 75 MONTHS 5 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Albright Whitworth

14. BIRTHPLACE (CITY OR TOWN) Rollinger Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Preshia White

16. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Mary Whitworth (ADDRESS) Mad Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Valley DATE Sept 26 38

19. FUNERAL DIRECTOR Ed N. Webb (ADDRESS) Fredricks town Mo.

20. FILED Feb 20 1938 S. C. Slaughter Local Registrar. 481

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to Feb 24, 1938

I last saw him alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 11:25 P.M.

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

Apoplexy  
82 W.

Date of onset Feb 14

Other contributory causes of importance:

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) E. E. Higgins, M. D.

(Address) Fredricks town 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.

STATEMENT BY LICENSED EMBALMER

I, Ed. H. Webb, Licensed Embalmer No. 731

hereby certify that the body recorded on the reverse side of this certificate was prepared by me but not  
embalmed L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Ed. H. Webb  
Licensed Embalmer No. 731

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**