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.

AUG 25 1938

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

25852
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston
(b) Township Chillicothe
(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.

Registration District No. 508
Primary Registration District No. 5674
Registered No. 268

2. PRINT FULL NAME Abraham Lincoln Goldsworthy
(a) Residence, No. 1 m. West Chillicothe St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1865
7. AGE: YEARS 73 | MONTHS 6 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bridge-worker
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash R. R.
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) Mineral Wisconsin

FATHER
13. NAME Matthew Goldsworthy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER
15. MAIDEN NAME Elizabeth A Jeffery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

17. INFORMANT (ADDRESS) Mrs. Buel Fairchild Chillicothe, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Aug 2 1938
19. FUNERAL DIRECTOR (ADDRESS) F. B. Norman Chillicothe, Missouri
20. FILED Aug 2, 1938 Donald M Dawson M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 30, 1938
I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 10:45pm.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary embolism

94 Pc

Other contributory causes of importance:

arteriosclerosis

Name of operation Noine Date of
What test confirmed diagnosis? 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) M. M. Russell M.D., M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman, Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self--and E. R. Norman

L. E.

No: 2374 or by, Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

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