

REC'D NOV 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35942
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 400
 (b) Township Praine Primary Registration District No. 5553B
 (c) City _____ Registered No. 230
 (d) Street No. Jackson County Home for the aged 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 David Wortham
 (a) Residence, No. Jackson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1853
 7. AGE YEARS MONTHS DAYS 1 83 0 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Ark
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) E. Jackson
35 county home
 18. BURIAL CREMATION OR REMOVAL PLACE Dental Col DATE Nov 3, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ketterlin
Highway
 20. FILED 11-5-38 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to 10/28, 1938
 I last saw him alive on 10/27, 1938 Death is said to have occurred on the date stated above, at 2a a.m.
 The principal cause of death and related causes of importance were as follows:
Senile debility
 Date of onset _____
 Other contributory causes of importance: 1/2
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. H. Greene M. D.
312 (Address) in dependence of mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.