

DEC 2 1938

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

39056
Do not use this space.1. PLACE OF DEATH
Dent

(a) County Franklin Registration District No. 266
(b) Township Franklin Primary Registration District No. 5373 Registered No. 76
(c) City Montauk Rt. Salem Missouri St. _____
(d) Street No. _____ (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 69 yrs. 6 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

463 James W. Dulworth
(a) Residence, No. Montauk Rt. Salem Missouri 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Dulworth

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 0

OCCUPATION 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) Dent County, Missouri

FATHER 13. NAME John W. Dulworth

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

MOTHER 15. MAIDEN NAME Sally Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Clair Dulworth
Salem Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Forest Cem DATE 11/20/38 19

19. FUNERAL DIRECTOR (ADDRESS) Carl K. Spencer
Salem Missouri

20. FILED Nov 19 1938 F. E. Sutter, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Cerebral Hemorrhage Date of onset 1938
Lived only a few
minutes

Other contributory causes of importance: Chronic Nephritis 1937

Name of operation none Date of _____
What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____.

Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. C. Dillard-Carroll, M. D.

(Address) Salem MO

STATEMENT BY LICENSED EMBALMER

I, Wm. W. McDonald, Licensed Embalmer No. 3806

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

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

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.)