

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39406

1930 DEC 12 1930

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Cole 3
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cole Motor Service, Highway 50 East
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City,
(If outside city or town limits, write "RURAL")
(d) Street No. 633 Virginia Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Perry T. Whitworth

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-09-4938

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Whitiworth 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>8</u>	<u>13</u>	hr. _____ min.

9. Birthplace Echo, Oregon
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business 0

MOTHER FATHER { 12. Name Wilson Whitworth

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Robinson
(City, town, or county) (State or foreign country)

15. Birthplace Clinton, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Whitworth

(b) Address 633 Virginia St. Jefferson City,

17. (a) Removal (b) Date thereof Nov-27-1930
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Thos. J. Moran

(b) Address Jefferson City, Mo.

19. (a) 11-27-30 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1939 hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from Coroner's Case 19____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) A & H

Major findings: Of operations _____
Of autopsy none

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? Jefferson City, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

28. Signature Thos. J. Moran (M. D. or other) Coroner

Address Mokane, Missouri Date signed 11/26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 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 *Steph J. Gordon*
Licensed Embalmer No. *1286*
P.O. Address *Jefferson City MO*

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.