

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.

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

Do not use this space.

FILED JUL 14 1941

21021-4

## 1. PLACE OF DEATH

County AndrainRegistration District No. 26

Township

Primary Registration District No. 3002City Mexico

R. Andrain Hospital

File No.

Registered No. 930

St.

Ward)

2. FULL NAME Maggie Rody Worley(a) Residence, No. Moline mo

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 9

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Worley deed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 1857</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>5</u>
	DAYS <u>29</u>	IF LESS THAN 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
MOTHER	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) Danville Mo13. NAME Herman Shambaugh14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Herman Worley  
(ADDRESS) Moline mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Long Branch DATE June 20 - 194119. UNDERTAKER Snyder & Hanger  
(ADDRESS) Santa Fe mo20. FILED June 18 1941 Blanche Reilly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1941

22. I HEREBY CERTIFY, That I attended deceased from June 9 1941, to June 18 1941.  
I last saw her alive on June 15 1941. Death is said to have occurred on the date stated above, at 6 P m.

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

I Chronic Degenerative Myocarditis Date of onset ?Other contributory causes of importance: 61II Diphtheria Mellitus 10/41III Chronic CholecystitisIV Generalized arteriosclerosisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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? none  
(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) Harry F. O'Brien (M. D.)  
(Address) Mexico mo

RECEIVED

District Health Officer No. 10

District File Number 7-41-1253

Date Filed JUL 10 1941