

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

Do not use this space.

20612

PLACE OF DEATH

County Barry
Township Month
City Month (No.)

Registration District No. 30
Primary Registration District No. 30.03

File No.
Registered No. 54
St. Ward)

2. FULL NAME

Richard Wormington
(a) Residence. No. 506 Benton St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Barry Co Mo

10. NAME OF FATHER

Asa Wormington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER

Nancy Lee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

14.

INFORMANT Ernie Wormington
(Address) Month Mo

15.

FILED 7-1 19 29 W.M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1929

17. I HEREBY CERTIFY, That I attended deceased from May 10 1929 to June 29 1929 that I last saw him alive on April 29 1929 and that death occurred, on the date stated above, at 8:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerotic dilatation of the heart associated with atherosclerosis of the arteries
MI (duration) unknown da.

CONTRIBUTORY (SECONDARY) MI (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physiologic evidence
(Signed) J. G. Kelly, M. D.
, 19 (Address) Month Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New Site 7-1 19 29

20. UNDERTAKER ADDRESS

Callaway Month

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.

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