

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 3K
Township Exeter Primary Registration District No. 6239
City Exeter (No. _____, _____ St. _____ Ward _____)

File No. 7727
Registered No. 4

2. FULL NAME

E.A. Worley
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, 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) Unionville, Mo. (STATE OR COUNTRY)

13. NAME John Worley

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

15. MAIDEN NAME A. K. P.

16. BIRTHPLACE (CITY OR TOWN) D.A. (STATE OR COUNTRY)

17. INFORMANT Mrs. E.H. Worley (ADDRESS) Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood Cemetery DATE 3-7-1934

19. UNDERTAKER Barr & Blankenship (ADDRESS) Exeter, Mo.

20. FILED 3-7- 1934 Mrs. H. P. Searcy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 - 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1934, to death, 1934.
I last saw him alive on Mar. 15, 1934. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia
1898
1920
Other contributory causes of importance
Prostatic Hypertrophy
Date of onset 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? DO
If so, specify _____
(Signed) E. E. McDaniel
(Address) Cassville, Mo.

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.

1934

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