

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

Do not use this space.

14483

1. PLACE OF DEATH

76 County St. Louis, Mo.
Township Canfield
City Jefferson Barracks, Mo.

Registration District No. 1123
Primary Registration District No. 4248B
Veterans Administration Facility. (State) _____ Ward _____

2. FULL NAME WOFFORD, Arthur

(a) Residence, No. Doe Run, Missouri. St. _____ Ward _____
(Usual place of abode)

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

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 Mrs. Alice Wofford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1988

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	45	2	18	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farm hand</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>--</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>	11. Total time (years) spent in this occupation <u>Unavail.</u>

12. BIRTHPLACE (CITY OR TOWN) Elvins, Missouri.
(STATE OR COUNTRY)

FATHER 13. NAME Unavailable

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

MOTHER 15. MAIDEN NAME Unavailable

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

17. INFORMANT C. H. SMITH, M.D., Clinical Dir.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elvins, Mo DATE 4/21, 1983

19. UNDERTAKER C. Hoffmeister Mort. Co.
(ADDRESS) 667814 26 Broadway

20. FILED 4/20, 1983 L. C. Brock, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1983

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1981, to April 20, 1983
I last saw him alive on April 20, 1983. Death is said to have occurred on the date stated above, at 11:40AM

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

98B 98 98
Gangrene, decubital Date of onset Unk.

Other contributory causes of importance:
Dementia Praecox Unk.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical, physical, laboratory Was there an autopsy? No

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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. C. GIBSON, M.D., Manager, M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

MAY 24 1983

