

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

Local No. **4123**

Registered No. **12**

1. PLACE OF DEATH:
County *Bladford*
City or town *Hartford City*
(If outside city or town limits, write RURAL)
Street address, hospital, or institution:
1217 North Monroe St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs. or mos., or days) *all life*

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Indiana* County *Bladford*
City or town *Hartford City*
(If outside city or town limits, write RURAL)
Street No. *1217 North Monroe St*
(If rural give LOCATION)

3. (a) FULL NAME
Will Alfred Worthen

3. (b) Social Security Number

4. Sex *Male* **5. Color or race** *White* **6. (a) Single, married, widowed, or divorced** *Married*
6. (b) Name of husband or wife *Della Worthen*
6. (c) If alive, give age *72* years
7. Birth date of deceased (mo., day, yr.) *Sept. 12, 1866*
8. AGE: Years *74* Months *5* Days *5* If less than one day hrs. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH *Feb 17* 19 *41* at *4:30* P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Apr 36* 19 *36* to *Feb 17* 19 *41*, and that I last saw him alive on *Feb 17* 19 *41*.
Immediate cause of death *Myocarditis* *Ch*

9. Birthplace *Indiana, Hartford City*
(Town, county, and state)

DUE TO
Due to

10. Usual occupation *Paper Hanger*

DUE TO
Due to

11. Industry or business

OTHER CONDITIONS *Terminal*
Pneumo pneumonia
(Include pregnancy within 3 months of death)

12. Name *Perry Worthen*

MAJOR FINDINGS:
Of operations

13. Birthplace *Indiana*

OF AUTOPSY
Of autopsy

14. Maiden name *Elizabeth Snyder*

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

15. Birthplace *not known*

Where did injury occur?
(City or town) (County) (State)

16. Informant *Marquette Altha*

Injured at home, farm, industry, public place (where?)

Address *Hartford City, Ind.*

Injured at work Means of injury

17. Burial, cremation, or removal Which? *Burial* Date thereof *Feb. 19, 1941*
(month) (day) (year)

23. SIGNATURE *J. W. Morris MD*
M D or other

Cemetery or crematory *W. H. F.*

Address *Hartford City* Date signed *2-18-41*

Location *Hartford City, Ind.*

Health Officer

18. Funeral director *Brook & Fleming*

Address *Hartford City, Ind.*

Filed *Feb 17, 1941*

Address *Hartford City* Date signed *2-18-41*

Health Officer

Address *Hartford City* Date signed *2-18-41*

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED

EMBALMER'S NAME *Harbert H. Weil*
LICENSE NO. *3620*

FUNERAL DIRECTOR'S LICENSE NO. *56*


In every instance

DURATION
4 yr

PHYSICIAN
Please underline the cause to which death should be charged statistically.
3da

THE PHOTO ON THE REVERSE SIDE IS A TRUE
COPY OF THE RECORD ON FILE WITH THE
INDIANA STATE BOARD OF HEALTH

APR 29 1981



Annabelle Singh
Director, Division of Vital Records

Not valid unless machine signed with multi-colored ribbon

