

V. S. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

Local No. **4123**

Registered No. **12**

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
 EMBALMER'S NAME *Worthen H. Wal*
 LICENSE NO. *3620*
 FUNERAL DIRECTOR'S LICENSE NO. *156*
 in every instance

1. PLACE OF DEATH:
 County *Blackford*
 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 *Blackford*
 City or town *Hartford City*
 (If outside city or town limits, write RURAL.)
 Street No. *1217 North Monroe St.*
 (If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR

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.

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

10. Usual occupation *Paper Hanger*

11. Industry or business

12. Name *Perry Worthen*

13. Birthplace *Indiana*

14. Maiden name *Cligabeth Snyder*

15. Birthplace *not known*

16. Informant *Marquette Altha*
 Address *Hartford City, Ind.*

17. Burial (Burial, cremation, or removal, when?) Date thereof *Feb. 19, 1941*
 (month) (day) (year)
 Cemetery or crematory *L.A.T.*
 Location *Hartford City, Ind.*

18. Funeral director *Carroll & Fleming*
 Address *Hartford City, Ind.*

Filed *Feb 17, 1941* *S. A. Gardner* Health Officer

Hartford City, Ind.

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* to *Feb 17* 19 *41*, and that I last saw him alive on *Feb 4* 19 *41*.

Immediate cause of death *Myocarditis clx* **DURATION** *4 yr*

Due to
 Due to

Other conditions *terminal Bronchitis pneumonia* **PHYSICIAN** *3da*
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations:
 Of autopsy:

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Injured at work Means of injury

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

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