Phoebe Workman in the Iowa, Death Records, 1920-1940

Name:

Phoebe Workman

[Phoebe Barnes]

Gender: Female

> Age: 85

Birth Year: abt 1844

Death Date: 14 Dec 1929

Death Place: Ottumwa, Wapello, Iowa, USA

Father: Corneilus Barnes

Mother: Margeret Carnes

Spouse: J W Workman

Source Citation

State Historical Society of Iowa; Des Moines, Iowa; Iowa Death Records; Reference Number: 101784601

Source Information

Ancestry.com. Jowa, Death Records, 1920-1940 [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2017.

Description

This database contains approximately 350,000 death records from throughout the state of Iowa, covering the years 1920-1940. Learn more...

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	VIFICATE OF DEATH State Department of Heal Division of Vital Statistic
1 PLACE OF DEATH	STATE OF IOWA
1046000	State: IOWA 090- 3152
County Cereta	State: Registered No# O
City Ottermen No.	Residence St. Ward
(If death occurred in a hospital	or institution give its name instead of street and number)
Length of residence in city or town where death ordurred.7	mosds. How long in U. S. if of foreign birth?yrsmosds.
2 FULL NAME ROOM	
(a) Residence. No. (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed or Divorced (write the wo	rd) 21.DATE OF DEATH (month, day, and year) Dec 14 .19
Temple while widow	22. I HEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or differed ()	19/4 to 10 19/4 1921
(or) WIFE of Y Worksman	I last saw here alive on 19 Lydeath is sit to have occurred on the date stated above, at 2 Lam.
6 DATE OF BIRTH (month, day, and year) A 10 184	The principal cause of death and related causes of importance in ord
7 AGE Years Months Days If less than 1 day,hrs.	of onset were as follows: Date of on
1 85 11 75 or min.	which officers the
8. Trade, profession, or particular of kind of work done, as spinner, which was a spinner of the	- (Remarking the hope
sawyer, bookkeeper, etc.	-
9. Industry or business in which work was done, as silk mill,	
10. Date deceased last worked at 11. Total time (years)	Contributory causes of importance not related to principal
year)	cause: Cours Lelinsis
12. BIRTHPLACE (city or town)	
	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Minimul Was there an autopsy?
15. MAIDEN NAME Margas of Commence	23. If death was due to external causes (violence) fill in also the followin Accident, suicide, or homicide? Date of injury, 19.
15. MAIDEN NAME Marquet (come) 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
(State or country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public pla
17. INFORMANT Framer	
(Address) Ottumua Lowa	Manner of injury
18. BURILL CREMATION OR REMOVAL PROGRAMMED Date 17/6 19	9 Nature of injury
() P. 1. O. 1 141	24. Was disease or injury in any way related to occupation of deceased,
19. LICENSED EMBALMER ALLE TO NO. 10	If so, specify NO
20. FILED Dec/6, 1929 Orah & Houba	(Signed) M.
1 090 Registrar.	VER)