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

PLACE OF DEATH

County Pettis

Township ____ or Village ____ or City Sedalia (NO. 1614 S. Carr St.; 4 Ward)

Registration District No. 668 — File No. 9541

Primary Registration District No. 3032 — Registered No. 73

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lucinda Catherine Woolery

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Married

DATE OF BIRTH: May 12 (Month) (Day), 1863 (Year)

AGE: 60 yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ____

BIRTHPLACE (City or town, State or foreign country): Missouri

PARENTS

NAME OF FATHER: Richard Venerable

BIRTHPLACE OF FATHER (City or town, State or foreign country): Tennessee

MAIDEN NAME OF MOTHER: Unknown Weeden

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. F. Woolery Jr.

(ADDRESS) 1614 S. Carr St.

Filed Mar 13, 1914 — F. B. Long, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar. (Month) 12 (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 4, 1914, to March 12, 1914, that I last saw h[er] alive on Mar 10, 1914, and that death occurred, on the date stated above, at 12:15 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

93C

(Duration) 1 yrs. 6 (?) mos. ____ ds.

Contributory (SECONDARY): None

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Chas Purcell M. D.

Mar. 12, 1914 (Address) Sedalia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL: Sedalia Mo — DATE OF BURIAL: Mar 13. 1914

UNDERTAKER: McAuley Bros — ADDRESS: Sedalia Mo

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PLACE OF DEATH

County..........

Township .... Registration District No.......... File No..........
or
Village.......... Primary Registration District No.......... Registered No..........
or
City ....(NO.........., ...St.;..........Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME..........

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX / COLOR OR RACE / SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)	DATE OF DEATH ...., 191.... (Month) (Day) (Year)
DATE OF BIRTH ...., 1.... (Month) (Day) (Year)	I HEREBY CERTIFY, that I attended deceased from ...., 191...., to ...., 191...., that I last saw h.... alive on ...., 191...., and that death occurred, on the date stated above, at..........m.
AGE ....yrs..........mos..........ds. If LESS than 1 day,....hrs. or....min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (City or town, State or foreign country)	..........(Duration)..........yrs..........mos..........ds.
PARENTS — NAME OF FATHER	Contributory (SECONDARY)..........
BIRTHPLACE OF FATHER (City or town, State or foreign country)	..........(Duration)..........yrs..........mos..........ds.
MAIDEN NAME OF MOTHER	(Signed).......... M. D.
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	.........., 191.... (Address)..........
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
(Informant)..........	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death....yrs....mos....ds. In the State....yrs....mos....ds.
(ADDRESS)..........	Where was disease contracted if not at place of death? .... Former or usual residence..........
Filed ...., 191...., ... REGISTRAR	PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL ...., 191....
	UNDERTAKER / ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.