APR 30 1929

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

Do not use this space.

1. PLACE OF DEATH
County St. Clair — Registration District No. 765 — File No. 12033
Township — Primary Registration District No. 4460 — Registered No. 8
City Osceola (No. ..... St. ..... Ward)

2. FULL NAME Glen LeRoy Woolery

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. 2 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 26-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	9	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Mo.

PARENTS
10. NAME OF FATHER David A. Woolery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co Mo
12. MAIDEN NAME OF MOTHER Helen A. Bell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin (STATE OR COUNTRY) Nebraska

14. INFORMANT Mrs. R. G. Burton
(Address) 4625 E. 9th St. Kans. City, Mo

15. FILED 3/3, 1929 R Seevers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 26 ....., 1929, to March 2, 1929, that I last saw him alive on Mar 2, 1929, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
108
101a
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C B Pemberton D.D., M.D.
, 19 (Address) Osceola Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Landaker Cemetery — DATE OF BURIAL May 4 1929

20. UNDERTAKER None — ADDRESS

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.