

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.

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

Do not use this space.

31547

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Adelphia

Primary Registration District No. 3032

City Adelphia (No.)

File No.

Registered No. 265

St. Ward

2. FULL NAME

(a) Residence, No. 1415 So. Ohio St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Bennett C. Woolery

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 9 1885

7. AGE

72 YEARS

MONTHS

4

DAYS

26

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

Housewife

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cooper Mo

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Alexander Windsor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Isa Coleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Maude Helms
Adelphia Mo

15.

FILED

7-9-29

J. L. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7th 1929

17.

I HEREBY CERTIFY, That I attended deceased from April 18, 1929, to Sept 7, 1929, that I last saw her alive on Sept 7, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis

Myocarditis

72 H

192

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Chas. H. Rogers
Sept 7, 1929 (Address) Adelphia Mo, M. D.

*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

DATE OF BURIAL

Mt. Nebelberg Mo

9/8 1929

20. UNDERTAKER

ADDRESS

McLaughlin Bros
Adelphia

