

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.

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3082City Sedalia (No. 307)File No. 41638Registered No. 332

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____
(Usual place of abode)

St. _____

Ward. 7

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Sept 15 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.67217

8. OCCUPATION OF DECEASED

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

(c) Name of employer

Carpenter

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

U Car

10. NAME OF FATHER

Joe Woosley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

U Car

12. MAIDEN NAME OF MOTHER

Levina Kraus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

U Car

14.

INFORMANT Mrs Emory Woosley
(Address) Sedalia Mo

15.

FILED 12-9-19-29REGISTRAR J. G. Lora

MEDICAL CERTIFICATE OF DEATH

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

Dec. 2 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Dec 28, 1929 to Dec 2, 1929that I last saw him alive on Dec 2, 1929, and that
death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1/2 years from Stomach
bowels. (duration) 1 yrs. 1 mos. 1 ds.CONTRIBUTORY Carcinoma of Duodenum
(SECONDARY)(duration) 18 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. James B. Long M. D.

12/4/1929 (Address)

*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

Crown Hill12/4 1929

20. UNDERTAKER

ADDRESS

GillispieSedalia

