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

Do not use this space.

File No. 1922

Registered No. 149

1. PLACE OF DEATH
County: Mercer
Township: Morgan
City: Princeton (No. ..... St. ..... Ward)
Registration District No. 556
Primary Registration District No. 5750

2. FULL NAME: Martha Ellen Woolley

(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. ..... 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: Sam Woolley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2/19/1859

7. AGE: Years 70 | Months 10 | Days 23 | If less than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Missouri

PARENTS

10. NAME OF FATHER: James Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Tete
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Sam Woolley
(Address): Princeton, Mo.

15. FILED: 1/13, 1930 J. McPerry, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1930, to Jan 11, 1930, that I last saw h. alive on Jan 11, 1930, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X X
DID AN OPERATION PRECEDE DEATH? X DATE OF .....
WAS THERE AN AUTOPSY? X
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. V. Tracy, M. D.
1/12, 1930 (Address) Princeton 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: Fairview — DATE OF BURIAL: 1/13/30

20. UNDERTAKER: Noel Moss — ADDRESS: Princeton Mo.

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.