

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.

APR 24 1905

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

Do not use this space.

28-143

1. PLACE OF DEATH
 7 County Bates Registration District No. 53
 6 Township Osage Primary Registration District No. 2005
 6 City Rich Hill (No. _____) St. _____ Ward _____

2. FULL NAME Mary Eliza Woolley
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 Charles Woolley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

MOTHER FATHER
 13. NAME T. A. House
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know 31
 15. MAIDEN NAME Larch Beth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dead. 2

17. INFORMANT Ernest Woolley
 (ADDRESS) Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rogersville Mo DATE 9-4 32 19.

20. UNDERTAKER H. B. Pughan
 (ADDRESS) Rich Hill Mo

20. FILED H. B. Pughan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1905

22. I HEREBY CERTIFY That I attended deceased from June 1 1905 to April 2 1905
 I first saw him alive on April 2 1905 Death is said to have occurred on the date stated above, at 7.8 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Renal Calculus
131
 Other contributory causes of importance: 131 (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James J. Allen M. D.
 (Address) Rich Hill Mo

