

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.

JUL 29 1933

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

Do not use this space.

20670

PLACE OF DEATH

County Missouri

Registration District No. 668

Township Seidalia

Primary Registration District No. 3032

City Seidalia

(No. 415)

E. Jackson

St. Seidalia

Ward 159

FULL NAME

(a) Residence, No. 415 E. Jackson St.,

Ward 159

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

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Married

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

Nov 25 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

55

6

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

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

FATHER

13. NAME

John Woolery

9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME

Fannetta Woolery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

W. E. Woolery

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Home

DATE

6/26

33

19. UNDERTAKER (ADDRESS)

Seidalia

20. FILED

6-20

1933

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

June 19 1933

22. I HEREBY CERTIFY That I attended deceased from

May 1 1933 to June 13 1933

I last saw him alive on June 18 1933. Death is said

to have occurred on the date stated above, at 100 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema  
Chest pain  
General  
Exhaustion  
Condition  
76  
111  
111  
Morphine Narcosis

Date of onset

Name of operation

Normal

Date of

What test confirmed diagnosis

Normal

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 1933

Where did injury occur? No

(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 No

(Signed) J. F. Logan, M. D.

(Address) Seidalia, Mo

