

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

Do not use this space.

32130

1. PLACE OF DEATH

County Barry Registration District No. 30
 Township _____ Primary Registration District No. 3003
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME

Era Laura Woolsey
 (a) Residence, No. 405 Third 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 Claude Woolsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 8

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

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) Monett (STATE OR COUNTRY) Missouri

13. NAME Don't know

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

15. MAIDEN NAME _____

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

17. INFORMANT Claude Woolsey (ADDRESS) Monett Mo

18. BURIAL (CREMATION, OR REMOVAL) PLACE Coof DATE 10/29 1933

19. UNDERTAKER Callaways (ADDRESS) Monett Mo

20. FILED 10-29 1933 W M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to Oct 27, 1933

(Last saw her alive on Oct 25, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Suicide, Hanging by the neck Date of onset Oct 27-33

165
164

Other contributory causes of importance: Maniac-depressive insanity 1932

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? Suicide Date of injury Oct 27, 1933

Where did injury occur? Monett-Barry Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In basement of own home

Manner of injury Hanging by neck

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Ernest Mitchell _____, M. D.
 (Address) Monett 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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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