JAN 4 1934

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

Do not use this space.

37522

1. PLACE OF DEATH
County Platt, co
Township Marshall
City Rushville R.F.D. (No. ..... St. ..... Ward)

Registration District No. 698
Primary Registration District No. 1927

File No. .....
Registered No. .....

2. FULL NAME Noah H Woolston

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 8 1863

7. AGE: YEARS 70 | MONTHS 10 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Platte co Mo

FATHER
13. NAME: A r Woolston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton New Jersey

MOTHER
15. MAIDEN NAME: Sarah J. Yocum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Geo Woolston Rushville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar creek DATE Nov 19, 1933

19. UNDERTAKER (ADDRESS): William Stanton Atchison Kans

20. FILED 11/21, 1933 J H Brill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 or 3 times in past 10 years, 19..... to ..... 19.....
I last saw h Dead alive on Nov 18, 1933 Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:
Chronic Brights Dease
He was dead when I saw him
Examinations of Urin
I maid 2 or 3 times & Abumen

Date of onset

Other contributory causes of importance:
He never took Medicine
Was quiet

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) G. W. Allaman, M. D.
(Address) Atchison Kans

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.