

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

Do not use this space.

1. PLACE OF DEATH

County C. ALLAWAY
 Township JACKSON
 City AUXVASSE (No. _____, St. _____ Ward _____)

Registration District No. 102
 Primary Registration District No. 4062

File No. 12090
 Registered No. 834

2. FULL NAME JENNIE WOOLORY
AUXVASSE

(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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF THOMAS WOOLORY (OR) WIFE OF _____

22. HEREBY CERTIFY, that I attended deceased from Apr-27, 1934 to Apr 13, 1934
 I last saw her alive on April 13, 1934. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/21/1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 8 10

Date of onset
Myocarditis
Myocarditis
 Other contributory causes of importance:
Myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSE WIFE
 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) PLEASANT HILL MISSOURI

13. NAME J.W. COIL

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

15. MAIDEN NAME MATPHA COIL

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

17. INFORMANT Thomas Woolory (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE PLEASANT HILL DATE JUNE 2, 1934

19. UNDERTAKER H. R. R. R. R. (ADDRESS) MEXICO MISSOURI

20. FILED May 30, 1934 H. L. Thomas Registrar.

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

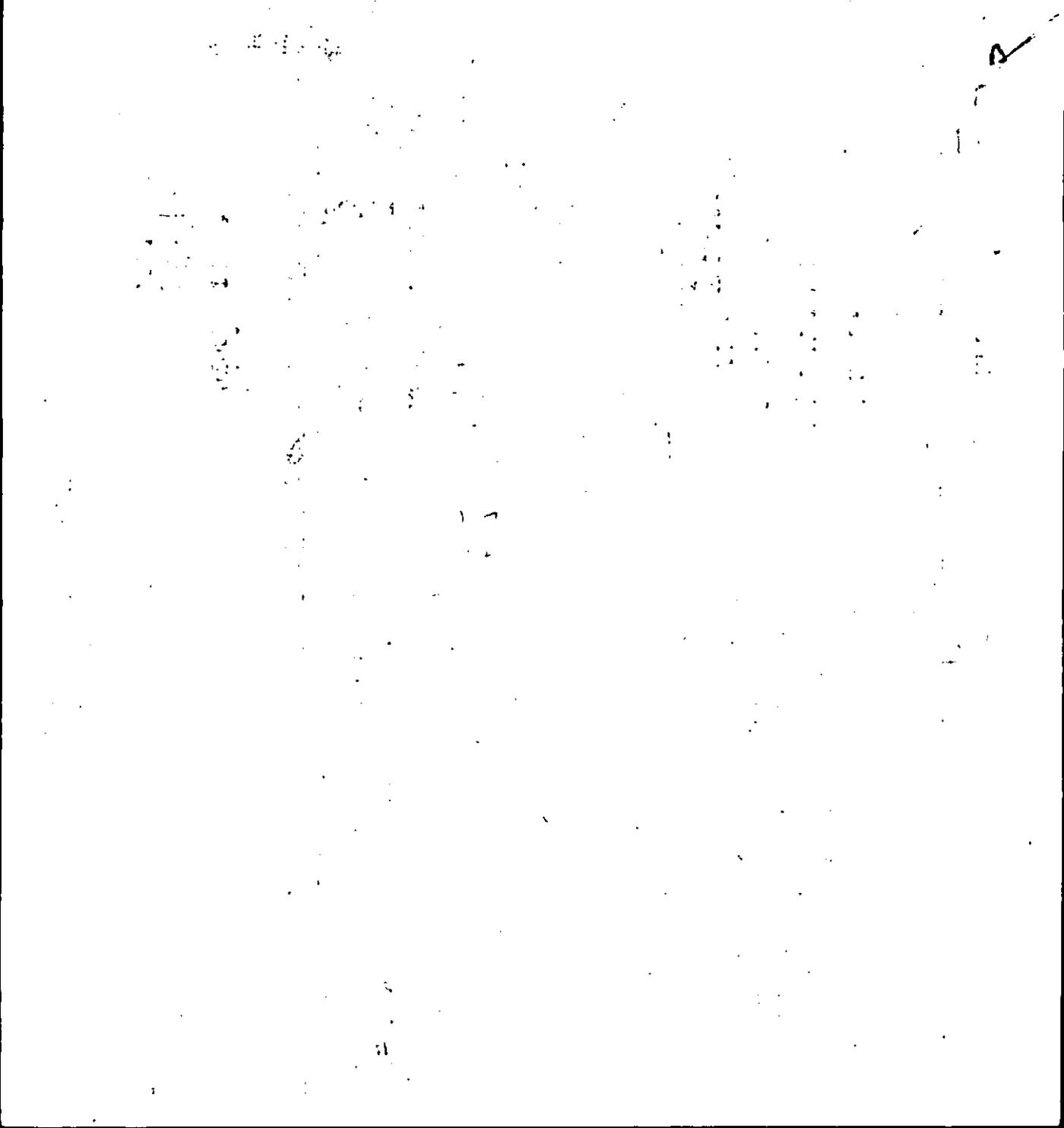
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner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

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify M.A. Richardson, M.D.
 (Signed) _____ (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

JUN 20 1934

14
1
2



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

may - 34
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Callaway
Township Anytown
City Anytown (No. St. Ward)

Registration District No. 102
Primary Registration District No. 4062

File No.
Registered No.

2. FULL NAME

(a) Residence, No. St. Ward Jennie Woolary
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

7. AGE YEARS 52 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, 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.....

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. SIGNED [Signature] 19..... Registrar

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)....., M. D.
(Address).....

SUPPLEMENTARY

S-12090