

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pettis
 Township Flat Creek
 City _____ (No. _____)

Registration District No. _____

Primary Registration District No. 5891

File No. _____

Registered No. 628

St. _____ Ward _____

2. FULL NAME

William Edward Woolery

(a) Residence, No. Spring Fork Mo St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

widowed

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

Mattie Woolery

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

Nov. 12 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

77518

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) 1928

11. Total time (years) spent in this occupation

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

Pettis County, Missouri

13. NAME

Perry Woolery

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

Do not know

15. MAIDEN NAME

Carpenter

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

Do not know

17. INFORMANT (ADDRESS)

John Woolery

18. BURIAL, CREMATION, OR REMOVAL

Flat Creek, Mo.DATE 4/24 1934

19. UNDERTAKER (ADDRESS)

Pettis County, Mo. Laughlin Bros

20. FILED

4-26-341934Jean Slick

Registrar.

4 MEDICAL CERTIFICATE OF DEATH

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

April 25 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 22 1934 to April 25 1934I last saw him alive on April 20 1934. Death is saidto have occurred on the date stated above, at 6 a m.

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

apoplexy131 upper side paralyzed82A97Other contributory causes of importance: chronic arteriosclerosisName of operation none Date of _____What test confirmed diagnosis: clinical Was there an autopsy? yes

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

Accident, suicide, or homicide? no Date of injury _____, 19____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) Chas. M. Neil, M. D.(Address) Flat Creek, 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.

