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

Do not use this space.

16247

File No.

Registered No.

1. PLACE OF DEATH

County Decalb Registration District No. 5364

Township Polk Primary Registration District No. 262

City Far[illegible] (No. , St. Ward)

2. FULL NAME Maria Frances Woolery

(a) Residence, No. Union Star 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 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 21 1934

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF W.D. Woolery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1. 1856.

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 77 | 11 | 8 | |

OCCUPATION

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

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) Kentuckey

FATHER

13. NAME B.H. Morton

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

MOTHER

15. MAIDEN NAME Nancy Quinn

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

17. INFORMANT E.J. Woolery (ADDRESS) Union Star Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE [illegible]ity Mo. DATE May 11, 1934

19. UNDERTAKER R.G. Tal[illegible]rt (ADDRESS) King City Mo

20. FILED 5/10 1934 E M Reynolds Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9. 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to May 9 1934

I last saw h[illegible] alive on May 1 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

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) E M Reynolds M. D.

(Address) Union Star Mo