

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

Do not use this space.

1. PLACE OF DEATH

County AUDRAIN
 Township SALT RIVER
 City MEXICO MO

Registration District No. 26
 Primary Registration District No. 3002

File No. 19387
 Registered No. 84
 St. _____ Ward _____

2. FULL NAME JOHN H. WOOLERY

(a) Residence, No. 926 E. Railroad St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 71 X X X

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

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) UNKNOWN
 (STATE OR COUNTRY) UNKNOWN

13. NAME UNKNOWN

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

15. MAIDEN NAME REBECCA WOOLERY

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

17. INFORMANT Mrs Fannie Woolery
 (ADDRESS)

18. BURIAL CREMATION, OR REMOVAL PLACE ELMWOOD CEMETERY DATE 7/3/34

19. UNDERTAKER A. B. Reynolds
 (ADDRESS) Mexico Mo

20. FILED June 30, 1934 Blanche Kelly
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY That I attended deceased from April 10, 1934 to June 30, 1934

I last saw him alive on June 29, 1934 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Pneumonia, hypostatic
Chronic Myocarditis
General arteriosclerosis
35

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? NO

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? _____ (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? NO
 If so, specify _____

(Signed) A. B. Reynolds, M. D.
 (Address) Mexico, Mo.

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B1

B1

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John H Woolery
Who died at _____ on June 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days

Sex m Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years abt 71 Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Hypostatic pneumonia
Broncho-pneumonia

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature Of Registrar Blanche Deely

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 26

Primary Reg. Dist. No. 3002

Very truly yours,
E. T. McLaugh M.D.
S.A.

Special Agent.