

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.

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

Do not use this space.

MAR 7 1935

2044

1. PLACE OF DEATH

County Meri
Township 5th
City Belle Me (No. 4321)

Registration District No. 541
Primary Registration District No. 4321

File No. 2044
Registered No. 2044
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie M. Wooster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1870
7. AGE YEARS 68 MONTHS 6 DAYS 21
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scupper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
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) Russellville, 1
Missouri

13. NAME Wm A Wooster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Lillie Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Mrs Carrie Wooster
Belle Me

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belle Me DATE Jan 23, 1935

19. UNDERTAKER (ADDRESS) Wm A Wooster
Belle Me

20. FILED Feb 10, 1935 Wm A Wooster
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 20 - 1935
22. I HEREBY CERTIFY That I attended deceased from June - 1 - 1934 to Jan - 20 - 1935
I last saw him alive on Jan 20 - 1935. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Date of onset Jan 19 - 35
Other contributory causes of importance:
Interdiction of Coronary Arteries May 1934

Name of operation None Date of
What test confirmed diagnosis Symptoms 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) W. R. Giffell M. D.
(Address) Belle Me

