

JUL 10 1937 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 379
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Woodward & Madison) St. 9 Ward

File No. 22644
 Registered No. 22644

2. FULL NAME Harold Turner Woolery

(a) Residence, No. 2512 E. 11th St. 1 Ward 1

Length of residence in city or town where death occurred 50 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Woolery</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 25, 1885</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	<u>52</u>	<u>4</u>	<u>6</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Detective M.O.P.</u>			
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Joseph W. Woolery</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Fannie Miller</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
17. INFORMANT <u>Mrs. Edith Woolery</u> (ADDRESS) <u>2512 E. 11th</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Mary's</u> DATE <u>June 3, 1937</u>	
19. UNDERTAKER <u>D.W. Newcomer's Sons</u> (ADDRESS)	
20. FILED <u>W 2 37m W Brown</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1/37, 19
 22. I HEREBY CERTIFY That I attended deceased from 1937 to 1937
 I last saw him alive on 6/30/37, 19... Death is said to have occurred on the date stated above, 6/30/37 m.

The principal cause of death and related causes of importance were as follows:
Cerebral aneurysm of the head
Chronic hemorrhage
 Other contributory causes of importance:
WA 174

Name of operation Anaesthesia Date of 6/1/37
 What test confirmed diagnosis Anaesthesia 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 6/1/37
 Where did injury occur Woodward & Madison Kansas
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Public place
 Nature of injury Injury by being run over
 24. Was disease or injury to which was related to occupation of deceased?
 If so, specify None
 (Signed) W. H. Brown, M. D.
 (Address) 2512 E. 11th

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.

