

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.

JAN 20 1938

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

45994

Do not use this space.

1. PLACE OF DEATH

(a) County maries
(b) Township Jefferson
(c) City

Registration District No. 541
Primary Registration District No. 5730

Registered No.

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 70 yrs. X mos. X ds. X How long in U. S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME

John William Wofford
(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lue Stoghton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1862
7. AGE YEARS 75 MONTHS 0 DAYS 25 If LESS than 1 day, X hrs. or X min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year) Oct 1935
11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maries Co., Missouri

FATHER 13. NAME H. B. Wofford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. Mo

MOTHER 15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maries Co. Mo.

17. INFORMANT (ADDRESS) Stella Walker Lake Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE Oct 22 1937

19. FUNERAL DIRECTOR (ADDRESS) S. G. Glickler Belle Mo

20. FILED Dec 10 1937 J. J. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) probably Oct 19 1937

22. I HEREBY CERTIFY, That I attended deceased from

X, 19X, to X, 19X.

I last saw him alive on X, 19X Death is said

to have occurred on the date stated above, at X m.

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

Coronary thrombosis Date of onset unknown

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? no

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

Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Rocky Gate, Corran, maries Co.

(Signed) Binktown, Mo.

(Address)

38 21

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)