

REG'L MAR 20 1938

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

7323
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 512
(b) Township _____ Primary Registration District No. 4310 Registered No. 2
(c) City Mooreville (d) Street No. _____ St.
(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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John F. Woosley 240

(a) Residence, No. Mooreville, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Flora B. Woosley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 20

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kingston
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James Woosley
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Ella Streeter
16. BIRTHPLACE (CITY OR TOWN) Kingston
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. V. R. Wills
Mooreville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Breckenridge DATE 2-2 19. 38

19. FUNERAL DIRECTOR (ADDRESS) F. B. Norman
Chillicothe, Missouri

20. FILED Feb 3 1938 Hazel Stanger
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1938 to Feb 1 1938
I last saw him alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 3:03am
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Jan 138
92 a 1

Other contributory causes of importance:
Hypertension

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
If so, specify _____ (Signed) Geo Moore, M. D.
Leed Low Me
457 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, E. R. Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

ER Norman

Licensed Embalmer No. 2374

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.)