

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County AndrainRegistration District No. 26File No. 17596

Township

Primary Registration District No. 3002Registered No. 76City Mexico mo, (No. 7 Anderson St) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. J. B. (Jack) Woolery 460 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

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 OFMinnie (Crockett) Woolery6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul. 6 - 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.7839

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer stockman9. 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) March 193811. Total time (years) '
spent in this
occupation 2612. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Andrain Co. mo,

13. NAME

Wm Woolery14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Fulton mo,

15. MAIDEN NAME

Martha Morris16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Andrain Co. mo

17. INFORMANT

(ADDRESS)

Mr. Merlow Sheek,
Mexico mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico mo, DATE May 16 - 1938

19. UNDERTAKER

(ADDRESS)

M. P. Healy Bros,
Mexico mo

20. FILED

May 16, 1938 Blanche Kelly

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from

4 - 1, 1938, to 5 - 15, 1938.I last saw him alive on May 15, 1938. Death is saidto have occurred on the date stated above, at 5 A. M.

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

"Diabetes Mellitus"For many years.59

Other contributory causes of importance:

Two light strokes of Apoplexyduring last months of lifefrom Central HemorrhageName of operation No Date of _____What test confirmed diagnosis? Lab. & 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? A.O.

If so, specify _____

(Signed) M. R. Rodes M. D.(Address) Mexico mo23

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.

