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.

1 X12004

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

DEC 6 JAN 25 1938

43381
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Carthage
(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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 408
Primary Registration District No. 3020
Registered No. .....

2. PRINT FULL NAME Alice Elkin Woolfolk
(a) Residence, No. 426 W. Central St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 W. W. Woolfolk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1854
7. AGE YEARS 84 MONTHS 10 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) (STATE OR COUNTRY) Winchester Kentucky

FATHER
13. NAME Willis Elkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER
15. MAIDEN NAME Jane Quisenberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Mrs. A. J. Hughes 426 W. Central Carthage
18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Dec. 30 1938
19. FUNERAL DIRECTOR (ADDRESS) Kneel Mortuary Carthage, Mo.
20. FILED Dec 30, 1938 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 1938, to Dec 28, 1938
I last saw her alive on Dec 28, 1938 Death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, terminal	
Cerebral thrombosis	
82 B	

Other contributory causes of importance:
Cerebral arteriosclerosis
Senility

Name of operation — Date of .....
What test confirmed diagnosis? ..... 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) A. Russell Smith, M. D.
(Address) Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Emma Retney, Licensed Embalmer No. 391

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 Emma Retney

Licensed Embalmer No. 391

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.)