REC'D FEB 21 1939

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

1778
Do not use this space.

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1. PLACE OF DEATH
(a) County Callaway Registration District No. 102
(b) Township Jackson Primary Registration District No. 4062 Registered No. 12
(c) City Auxvasse (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 Laura Lyda Woolery
(a) Residence, No. ..... 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Woolery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1910
7. AGE YEARS 28 MONTHS 5 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Auxvasse Mo.

FATHER
13. NAME Tom Murray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield Mo.

MOTHER
15. MAIDEN NAME Sarah Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

17. INFORMANT (ADDRESS) Sam Woolery Auxvasse, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Jan. 16 1939
19. FUNERAL DIRECTOR (ADDRESS) Hughes Mauphin Auxvasse, Mo.
20. FILED 1-16 1939 C. B. Nichols Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1939, to Jan 14, 1939
I last saw her alive on January 14, 1939. Death is said to have occurred on the date stated above, at 9-10 a.m.
The principal cause of death and related causes of importance were as follows:
Ante Partum Eclampsia
Date of onset
14 6
Other contributory causes of importance
1½ months pregnant toxic condition of the kidneys
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) C. B. Nichols M.D.
105 (Address) Auxvasse Mo

(Licensed Embalmer's Statement on Reverse Side)

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, Hughes Maupin, Licensed Embalmer No. 2358

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Hughes Maupin

Licensed Embalmer No. 2358

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.)