DEC'D FEB 24 1939

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

3

Do not use this space.

File No. 2876
Registered No. 15

1. PLACE OF DEATH

County: Lawrence — Registration District No. 470
Township: Mt Vernon — Primary Registration District No. 5-633
City: Mt. Vernon (No. Missouri State Sanatorium St. Ward)

2. FULL NAME Leonard Woolery

(a) Residence, No. 1021 So. Lamine, SEDALIA 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. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male ~~xWhitexx~~	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1910

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
28	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. 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) Jan. 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Clark Shelton Woolery

14. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Rosie Tavenner

16. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Sedalia DATE Jan 28, 1939

19. UNDERTAKER Fossett Funeral Home (ADDRESS) Mt Vernon Mo

20. FILED Jan 28, 1939 P. A. Holmes Registrar. 421

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938 to Jan 28th, 1939 ~~xxx~~

I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 10:35a.m

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

	Date of onset
Pulmonary tuberculosis	Sept. 1936

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Sputum 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) J. A. Tucker, M. D.
(Address) Mt Vernon Mo

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-294
Date Filed FEB 16 1939