REC'D APR 24 1939

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

Do not use this space.
Dr. Manuel,

File No. 9919
Registered No. 38

1. PLACE OF DEATH
County Audrain 2 Registration District No. 26
Township Salt River 1 Primary Registration District No. 5034
City Mexico RFD, (No. ..... St. ..... Ward)

2. FULL NAME 414 David Milton Woolfolk,
(a) Residence, No. Mexico Mo RFD 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1939
7. AGE YEARS MONTHS DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo. RFD #6,

FATHER
13. NAME David A. Woolfolk.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo,

MOTHER
15. MAIDEN NAME Sophia E. Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo,

17. INFORMANT (ADDRESS) David A. Woolfolk, Mexico Mo, RR 6,
18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo, DATE Mar 14 1939
19. UNDERTAKER (ADDRESS) McPherson Bros. Mexico Mo,
20. FILED Mar 14 1939 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5 P.M. 3/13 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1939, to March 11, 1939
I last saw him alive on March 11, 1939. Death is said to have occurred on the date stated above, at 1:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida with meningocele	Fetal

157 lb

Other contributory causes of importance:

Name of operation Closure spina bifida Date of 2/28/39
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) K. E. Manuel, M. D.
23 (Address) Mexico, Mo.

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-39-537
Date Filed APR 20 1939