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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7294

FILED APR 13 1939

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

Do not use this space.

File No. 11721

Registered No. 4

1. PLACE OF DEATH
County: Holloway
Township: 1
City: Barnard (No. ..... St. ..... Ward)
Registration District No. 617
Primary Registration District No. 7368

2. FULL NAME: Elsie A Conlin Wohlford

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF: William Douglas Wohlford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10, 1870

7. AGE: Years 69 | Months 0 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Barnard Mo.

FATHER
13. NAME: William Thomas Conlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Barnard Mo.

MOTHER
15. MAIDEN NAME: Mary Elizabeth Goforth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Bolckow Mo.

17. INFORMANT (ADDRESS): Mrs Lilly Harper Guilford Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Barnard Cemetery DATE: 4-3, 1939

19. UNDERTAKER (ADDRESS): Ford Funeral Service Barnard Mo.

20. FILED: 4/1, 1939 Chas. D. Hunt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to April 1, 1939. I last saw h. alive on April 1, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	1930

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? None 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) Chas. D. Hunt M. D.
(Address) Barnard, Mo.

RECEIVED
District Home Office No. 11,
District File Number 39-345
Date Filed