REC'D MAY 16 1938

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

14677
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township — Primary Registration District No. 3014 — Registered No. 101
(c) City Jefferson City Mo. — (d) Street No. 418 Adams 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.

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2. PRINT FULL NAME Laura H. Wooldridge
(a) Residence, No. 418 Adams 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: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. T. Wooldredge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): —
7. AGE: about 68 YEARS or 70 MONTHS DAYS — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Cole County

FATHER
13. NAME: B. Banner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole County

MOTHER
15. MAIDEN NAME: Ellen Bolten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole Co.

17. INFORMANT (ADDRESS): Miss Pearl Wooldredge J. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL: PLACE New City Country DATE 4-17-1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. H. Hardiman Jefferson City Mo.
20. FILED 4/18 1939 [illegible] Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/4/39, 19, to 4/14/39, 19
I last saw her alive on 4/13/39, 19 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation — Date of onset ?

92 W

Other contributory causes of importance: Hypertension

Name of operation: None — Date of
What test confirmed diagnosis? Clinical — 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?
If so, specify
(Signed) A. S. Daigle, M. D.
(Address) Jefferson City

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, L. D. Hardiman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. D. Hardiman

Licensed Embalmer No. 1879

P. O. Address Jefferson City 2

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**