

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

**21957**  
 Do not use this space.

*2022* JUL 8 1939

1. PLACE OF DEATH  
 (a) County Daviess Registration District No. 254  
 (b) Township Pattonsburg Primary Registration District No. 4154  
 (c) City \_\_\_\_\_ (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 Nellie Rose Woolery  
 (a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Woolery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) I/28/1916

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
23	2	10	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess, Co. Pattonsburg, Mo.

MOTHER  
 13. NAME Lester Bernard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 15. MAIDEN NAME Sylvia Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Sylvia Bernard (ADDRESS) Pattonsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakridge DATE 4/9/39 19. \_\_\_\_\_

20. FUNERAL DIRECTOR (NAME) H. S. Brown (ADDRESS) Pattonsburg, Mo.

20. FILED 4/8/39 19. Travis C. Sutton Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8/39 19. \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938 to April 7, 1939  
 Last saw her alive on April 7, 1939. Death is said to have occurred on the date stated above, at 4 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Lungs

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Frank Hedrick, M. D.  
 (Address) Pattonsburg

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.

RECEIVED

District Health Officer No. 11,

District File Number 739-752

Date Filed JUL 6 1939

AUG 25 1949

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, or by \_\_\_\_\_

working under my personal supervision.

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, Mo.

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.)

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