

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

35355
Do not use this space.

1. PLACE OF DEATH Nov 9 1939

(a) County Andrew Registration District No. 13

(b) Township 1 Primary Registration District No. 4010 Registered No. 63

(c) City Savannah (d) Street No. _____
(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 James B. Woolverton

(a) Residence, No. 416 Buchanan Savannah Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	5	12	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Putman County, Ind.

FATHER 13. NAME George Woolverton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known, Kentucky

MOTHER 15. MAIDEN NAME Annie Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known, Kentucky

17. INFORMANT Glen Woolverton
(ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo. DATE Oct. 19 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939 to Oct 17 1939
I last saw him alive on Oct 16 1939 Death is said to have occurred on the date stated above, at 11:50 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Heart Failure
Other contributory causes of importance Malaria Fever

Name of operation 38 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 Walter D. Myers M. D.
(Signed) Walter D. Myers (Address) Savannah Mo

Date of onset

19. FUNERAL DIRECTOR E. C. Breit
(ADDRESS) Savannah Mo.

20. FILED Oct. 19 1939 Mrs Jennie Rash
Local Registrar.

WHITE 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.

250

1 X12004

RECEIVED

DISPATCHED

NOV 7 1939

Form No. 111

1139-1472

NOV 7 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)