

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

Do not use this space.

41055

1. PLACE OF DEATH  
 County Vernon Registration District No. 877  
 Township Schell City Primary Registration District No. 4530  
 City Schell City (No. 630) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Spencer Paris Woolley  
 (a) Residence, No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary May Woolley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-20-1864  
 7. AGE YEARS 75 MONTHS 9 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Printer  
 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 1920 30  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City, Mo.  
 MOTHER 13. NAME John Woolley  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City, Mo.  
 15. MAIDEN NAME Sarah Marshall  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City, Mo.  
 17. INFORMANT (ADDRESS) Mary May Woolley, Schell City, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE Nov. 19, 1939  
 19. UNDERTAKER (ADDRESS) Stute, Lewis & Son, Schell City, Mo.  
 20. FILED Nov. 20, 1939 Barbara Kappeler Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1939 to Nov 18, 1939  
 I last saw him alive on Nov 18, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Endocarditis Ch. Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 92%  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) J. P. Colson M. D.  
 (Address) Schell City, Mo.

Corrected by affiant Feb 19-1940 to read. N. B.—Every item of information should be carefully supplied. Any omission or error in this statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

See affidavit # 232 in mine file # 1940

RECEIVED

District Health

Office No. 7

District File Number

7-39-1645

Date Filed

12-11-39