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

Do not use this space.

35747

1928

1. PLACE OF DEATH
County Vernon — Registration District No. 875
Township Washington — Primary Registration District No. 6162
City ~~Nevada Mo~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. 124

2. FULL NAME Gig Wooley
(a) Residence. No. State Hospital #3 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dk-1864

7. AGE: 63 YEARS — MONTHS: D. — DAYS: 14. — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~not known~~
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Morgan Co. Court
(Address)

15. FILED 12-10 1927 E. R. Hiney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Nov. 12, 1927, that I last saw him alive on Nov. 11, 1929, and that death occurred, on the date stated above, at 5-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epileptic convulsions
85 78
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Epilepsy (grand mal)
(duration) 30 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? "
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. T. O'Dell, M. D
Nov. 12, 1927 (Address) Nevada Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: State Hospital Cemetery — DATE OF BURIAL: Nov 14 1927

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada Mo

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.