JUN 1 1935

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

Do not use this space.

17246

1. PLACE OF DEATH
County New Madrid — Registration District No. 603 — File No.
Township ~~West~~ — Primary Registration District No. 7557 — Registered No. 13
City Morehouse (No. , St. Ward)

2. FULL NAME Wiley Filmore Woofford
(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 30 yrs. mos. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Woofford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-12-1856
7. AGE YEARS 78 MONTHS 10 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fords Ferry, Ky.

FATHER
13. NAME James Woofford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

MOTHER
15. MAIDEN NAME Elizabeth Yeakey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) W. T. Woofford
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo. DATE May 6 1935
19. UNDERTAKER (ADDRESS) John Albritton
20. FILED 3-7- 1935 John T. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 5 - 1935
22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935, to May 5, 1935
I last saw him alive on April 29, 1935 Death is said to have occurred on the date stated above, at 6:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal	
Vascular	

Other contributory causes of importance:
None

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) G W H Presnell, M. D.
(Address) Sikeston Mo.

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.

100M-11-24-33