REC'D SEP 13 1938

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

27851
Do not use this space.

Registered No. 3162

1. PLACE OF DEATH

(a) County: Jackson
(b) Township: Kaw
(c) City: Kansas City
Registration District No.:
Primary Registration District No.:
(d) Street No.: 3630 Warwick Boulevard 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 John Lewis Woolfolk

(a) Residence, No.: 3630 Warwick Boulevard 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 (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Dawson Woolfolk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 4, 1850

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
87	9	1	

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.: Retired
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): Rock Bridge, Missouri

FATHER

13. NAME: Charles T. Woolfolk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville, Kentucky

MOTHER

15. MAIDEN NAME: Polly Ann Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Beverly C. Platt (City, Mo. 3630 Warwick Boulevard, Kansas

18. BURIAL, ~~CREMATION OR REMOVAL~~: Forest Hill Cem.
PLACE: Kansas City, Mo. DATE: August 8, 1938

19. FUNERAL DIRECTOR (NAME): Stine & McClure
(ADDRESS): Kansas City, Missouri.

20. FILED: Aug 8, 1938 M. M. Greene, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to Aug 5, 1938
I last saw him alive on Aug 5, 1938. Death is said to have occurred on the date stated above, at A. m. 1:39
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, acute	Aug 6
59	

Other contributory causes of importance:
Arteriosclerosis, general
Diabetes mellitus

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) Raeph Thomas, M. D.
(Address) 315 Alameda Road

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.).

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