

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

29626
Do not use this space.

SEP 27 1938

1. PLACE OF DEATH

(a) County Oregon
(b) Township Thayer
(c) City Thayer
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 632
Primary Registration District No. 7382

Registered No. 29

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Christie Violet Wooldridge

(a) Residence, No. _____ 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 Female 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 Benton Wooldridge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1889

7. AGE YEARS 49 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Thayer, Mo.

FATHER 13. NAME James H. Madden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Margaret Ann Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT David H. Madden, Fairgold, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer Cem. DATE 8/7/38 19.

19. FUNERAL DIRECTOR Leo Carr, Thayer, Mo. (ADDRESS)

20. FILED 8-9 1938 George Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1937, to Aug 5 1938
I last saw her alive on Aug 5 1938. Death is said to have occurred on the date stated above, at 4:05 P. M.
The principal cause of death and related causes of importance were as follows:

Circulatory collapse
chronic myocarditis
Ascaris regurgitation
Date of onset _____
Other contributory causes of importance:
asthma & anxiety
over exertion of

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? NO
If so, specify _____
(Signed) Thatcher Blaine, M. D.
(Address) Mountain Spring Ave

Blaine

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,, Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)