

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

Do not use this space.

REC'D OCT 20 1938

1. PLACE OF DEATH

County *St. Louis*
Township *Waldorf*
City *Farmington* (No. _____) St. _____ Ward _____

Registration District No. *262*
Primary Registration District No. *5364*

File No. *32105*
Registered No. _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

William Daniel Woolery - 460
Senior High Mrs. Ward _____

Length of residence in city or town where death occurred *58* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Marion F. Woolery*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-13-1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

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 *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

13. NAME *W. M. Woolery*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Sybil A. Watson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *E. M. Woolery* (ADDRESS) *Senior High Mrs.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Central Mt. Wm.* DATE *Aug. 25 38*

19. UNDERTAKER *R. H. Taggart* (ADDRESS) *1111 Olive St. St. Louis*

20. FILED *Sept 19 38* *E. M. Reynolds* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 26 1938*

22. I HEREBY CERTIFY, that I attended deceased from *Apr 1 1938*, to *Aug 26 1938*

I last saw him alive on *Aug 26 1938*. Death is said to have occurred on the date stated above, at *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Cancer Stomach Date of onset *1938*

Other contributory causes of importance: *410*

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) *E. M. Reynolds* M. D.

(Address) *Union St. St. Louis*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

