REC'D FEB 24 1939

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

2836
Do not use this space.

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.

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1. PLACE OF DEATH
(a) County: Lafayette — Registration District No.: 465
(b) Township: — Primary Registration District No.: 4278 — Registered No.: 1.
(c) City: Waverly — (d) Street No.: ..... 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: 3 yrs. 8 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 420 Thomas Edward Woolsey,
(a) Residence, No.: Waverly, Mo. 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): Widower.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Key (Woolsey)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 8th., 1863
7. AGE: Years 75 — Months 0 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

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.: Ret'd. Farmer.
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): Carroll Co., Mo.

FATHER
13. NAME: Anderson Woolsey,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co., Mo.

MOTHER
15. MAIDEN NAME: Caroline Prunty,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co., Mo.

17. INFORMANT: Mrs. V. G. Pangborn,
(ADDRESS) Waverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gilead Cem. Carroll Co. DATE: 1/3/ 19 39

19. FUNERAL DIRECTOR: Willis Fineral Home
(ADDRESS) Carrollton, Mo.

20. FILED: 1-2- 19 39 Clayton W. Landrum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 1st., 19 39

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29th., 19 39 to Jan. 1st., 19 39
I last saw him alive on Jan. 1st., 19 39. Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
Lobar Pneumomia.	4 days

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? .....
If so, specify: .....
(Signed) Geo. A. Kelling, M. D.
(Address) Waverly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9/6/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham, Licensed Embalmer No. 4009

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Ralph Van Landingham

Licensed Embalmer No. 4009

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