

MAR 17 1939

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

6393  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Dent Registration District No. 266  
(b) Township Springcreek Primary Registration District No. 5370 Registered No. 17  
(c) City ..... (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Emma Hannah Wofford

(a) Residence, No. Dent County, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malcolm, Wofford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 9 22

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. At Home  
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) Missouri

FATHER 13. NAME James Record

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

MOTHER 15. MAIDEN NAME Mary Duckworth

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

17. INFORMANT Pearl Wofford  
(ADDRESS) Salem, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Empire Cem. DATE 2/11/39

19. FUNERAL DIRECTOR (NAME) Carl K. Spencer  
(ADDRESS) Salem, Missouri

20. FILED 2-11-39 W. E. Butler, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1938, to Feb. 8, 1939  
I last saw her alive on Feb. 8, 1939. Death is said to have occurred on the date stated above, at 5:00 m. A. M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Feb 7, 1939  
Date of onset  
Other contributory causes of importance: 121  
Cardio-vascular-renal Disease. 1938

Name of operation ..... Date of operation .....  
What test confirmed diagnosis? Physiographic at (where an autopsy?) 245

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? Yes  
If so, specify High H. Work, M. D.  
(Signed) W. E. Butler, M.D.  
(Address) Salem, Mo.

**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, .....

Wm. W. McDonald .....

or by .....

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

Signed.....

*Wm. W. McDonald*

Licensed Embalmer No. 3806

P. O. Address Salem, Missouri

**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.)**

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