

REC'D SEP 15 1939

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

29710

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 565
 (b) Township Wagon Primary Registration District No. 5761e
 (c) City Brownley (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 23

2. PRINT FULL NAME

(a) Residence, No. 150 Izilia Woolery Paper
Brownley Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1939

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Paper

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to Aug. 27, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1843

I last saw her alive on Aug. 20, 1939. Death is said to have occurred on the date stated above, at 1 p.m.

7. AGE YEARS 97 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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. housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

Chronic myocarditis 1930

13. NAME Steven Woolery

Other contributory causes of importance: Chronic arthritis 1910

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

Name of operation none Date of _____

15. MAIDEN NAME Catherine Saling

What test confirmed diagnosis Clinical Was there an autopsy? no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monahan Co Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____ 19 _____

17. INFORMANT (ADDRESS) Kate Patterson
Iron Creek, Mo

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles, Mo DATE Aug 29 1939

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bankson-Woolery
Camdenton, Mo

Manner of injury _____

20. FILED 8/28, 1939 W. H. Hawman Local Registrar

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Wm. D. Jones

(Address) Brownley, Mo.

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.

RECEIVED

Miller County Health Dept.

County File Number 39-109

Date Filed 9-13-39

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 *W. H. Banksen Woolery*

Licensed Embalmer No. 2488

P. O. Address Camdenton, Mo.

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.