

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

Do not use this space.

42874

1. PLACE OF DEATH

County.....
Township.....
City 1013 Park Ave (No. 1013 Park Ave)

Registration District No. 781
Primary Registration District No. 1003

File No.....
Registered No. 12143
St..... Ward)

2. FULL NAME

Louvalice Woolsey
(a) Residence. No. Jerseyville St. 2nd Ward. 23 Jerseyville Ill
(Usual place of residence)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annes Woolsey</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July - 4th - 1858</u> | | |
| 7. AGE <u>70</u> | YEARS <u>5</u> | MONTHS <u>9</u> |
| | | DAY <u>9</u> |
| | | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer..... | | |

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Eli Harmon</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Eliza Prough</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> |

14. INFORMANT Annes Woolsey
(Address) Jerseyville, Ill

15. FILED 1928 May 19 1928 May 19 1928
REGISTRAR W. C. Starker

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) December 13 - 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/9, 1928, to 12/13, 1928 that I last saw her alive on 12/13, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho - Pneumonia
131
1928
(duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Interstitial Nephritis
chronic (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. Jacob M. D.
12/13, 1928 (Address) 1331 1012 St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| | |
|---|--------------------------------------|
| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Jerseyville, Ill</u> | DATE OF BURIAL <u>Dec 16 1928</u> |
| 20. UNDERTAKER <u>H. J. Huber</u> | ADDRESS <u>Jerseyville Ill</u> |

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

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.

