

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.

OCT 31 1930

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

Do not use this space.

30969

1. PLACE OF DEATH
 County St Louis Registration District No. 784
 Township Ferdinand Primary Registration District No. 6030
 City Jennings (No. 2655 Terrace Lane Jennings Mo.) (Ward)

2. FULL NAME Rhoda Woolf
 (a) Residence. No. 2655 Terrace Lane St., _____ Ward. _____
 (Usual place of abode) (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice Woolf
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1953
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 3 27
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. At Home
 (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) Ohio
 10. NAME OF FATHER George Harden
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Anna French
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ohio

PARENTS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1930
 17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930, to Sept 26 1930 that I last saw her alive on Sept 26 1930, and that death occurred, on the date stated above, at 6:10 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
uraemia
121 (duration) _____ yrs. _____ mos. 7 ds.
13718
 CONTRIBUTORY (SECONDARY) chronic nephritis
 (duration) 2 yrs. _____ mos. 1 ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical & laboratory
 (Signed) W. P. Kupper M. D.
Sept 27 . 19 30 (Address) 4500 Olive St.
 *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 Ravenna Ohio DATE OF BURIAL Sept 27 1930
 20. UNDERTAKER A. Kron & M. Co. ADDRESS 2707 Grand Blvd

14. INFORMANT Carroll Brown
 (Address) 2655 Terrace Lane
 15. FILED 10/4 1930 Dr. Carl J. Krouz REGISTERAR

