

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

Do not use this space.

40543

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Florissant (No.)

Registration District No. 784
Primary Registration District No. 6030

File No.
Registered No.
St. Ward

2. FULL NAME Margaret Jane Woods

(a) Residence. No. St. Marie 2443 Ashm. Rd. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James A Woods</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8-17-1839</u>		
7. AGE <u>91</u>	YEARS <u>3</u>	MONTHS <u>16</u>
If LESS than 1 day, hrs. or min.		

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) Illinois
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Simon Ferrill</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mass</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Carr</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

14. INFORMANT Bessie Willoughby
(Address) Florissant Mo

15. FILED 12/5 1930 Dr. Carl Koontz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1930 to Dec 3 1930 that I last saw her alive on Dec 2 1930, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 74001 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Williamson, M. D.
12-3-1930 (Address) Florissant 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 E. St Louis Ill DATE OF BURIAL Dec 6 1930

20. UNDERTAKER E. W. Brichler ADDRESS E. St Louis Ill

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.

DEC 3 1930

