

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. MAY 2 1 1931

4777-B

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

Do not use this space.

4777-B

File No. 9
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County Camden Registration District No. 117
 Township Orange Primary Registration District No. 5167
 City _____ (No. _____)

2. FULL NAME

William Woolsey

(a) Residence. No. _____ St. _____ Ward AR. 3. Lin Creek, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Woolsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-18-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>		<u>8</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer. 1
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Camden Co
 (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Daniel Woolsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Camden Co
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Parrish

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

14. INFORMANT Margaret Woolsey
 (Address) Lin Creek, Mo.

15. FILED May 12 1931 Lizzie Skeller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Feb. 24, 1931.
 that I last saw him alive on Feb. 23 - 1931, and that death occurred, on the date stated above, at 3 - a - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
11A
107A

(duration) _____ yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) 1 yrs. 1 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF 1
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Jos D. Moulder M. D.

May 2, 1931 (Address) Rebanon 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 Hugo. Cemetery
Camden Co. Mo. DATE OF BURIAL Feb. 25 1931

20. UNDERTAKER Chas. Anderson ADDRESS Hugo Mo.

