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

Do not use this space.

22561

1. PLACE OF DEATH
County St Francois — Registration District No. 771
Township — Primary Registration District No. 4462
City Bismarck (No. ... St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME Martha Marietta Woolford
(a) Residence. No. ... 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.

JUL 28 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
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: Peter B. Woolford

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 23 1853

7. AGE: 77 YEARS, 5 MONTHS, 20 DAYS. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 555
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Belgrade
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): 51
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Unknown

14. INFORMANT: Emma Woolford
(Address): Bismarck, Mo.

15. FILED 7-10, 1931 Dr R C Kitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to June 3, 1931, that I last saw her alive on June 2, 1931, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
46B
110B (duration) ... yrs. 7 mos. ... ds.

CONTRIBUTORY (SECONDARY): Pleural Effusion
(duration) ... yrs. 6 mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 46B
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam only
(Signed) E. M. Bryan, M. D.
, 19 (Address) Bismarck 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: Bismarck Missouri
DATE OF BURIAL: June 5 1931

20. UNDERTAKER: White & Son
ADDRESS: Bismarck Missouri