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

Do not use this space.

9814

1. PLACE OF DEATH

County: Jackson — Registration District No.: 899 — File No.:

Township: Kaw — Primary Registration District No.: 1100 — Registered No.: 1418

City: Kansas City (No.: Menorah Hospital St. Ward)

2. FULL NAME Phoebe Davis Woolf

(a) Residence. No. Sophian Plaza St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred S. Wolf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	1	26	

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

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Baron Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY) N.Y.

14. INFORMANT H. M. Woolf
(Address) Sophian Plaza

15. FILED Mch 26, 1933 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 1925, to Mch. 26, 1933 that I last saw her alive on Mch 26, 1933, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis - Myocarditis - Diabetes

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 59

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Abraham Sophian M. D.

Mch 26, 1933 (Address) Bryant Bldg.

*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: Rose Hill Mauss — DATE OF BURIAL: 3/27/33

20. UNDERTAKER: Carroll-Davidson Und Co. — ADDRESS: 3024 Troost