

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

Do not use this space.

OCT 11 1934

34243

1. PLACE OF DEATH

County..... Registration District No. 17911  
Township..... Primary Registration District No. 1000  
City St. Louis (No. Christian Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 9032

2. FULL NAME

James P. Woolsey  
(a) Residence, No. 444 Green Ave St. 10 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 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 Sarah Woolsey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME James P. Woolsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER FATHER 15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT Sarah Woolsey  
(ADDRESS) 444 Green Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo. DATE Sept 11, 1934

19. UNDERTAKER H. F. Leidner, 1417 N. Market St.  
(ADDRESS) St. Louis

20. FILED 11 19 11  
J. H. Brebeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9<sup>th</sup>, 1934  
22. I HEREBY CERTIFY, That I attended deceased from 2-3-34, 1934, to 9-9-34, 1934.  
I last saw him alive on 9-8-34, 1934. Death is said to have occurred on the date stated above, at 8<sup>10</sup> A. m.  
The principal cause of death and related causes of importance were as follows:

Pernicious anemia Date of onset 1933  
714  
71a  
Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Examination Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Walter H. Sporeyman, M. D.  
(Address) 1306 St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

