

OCT 28 1935

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

Do not use this space.

30508

1. PLACE OF DEATH

County St. Francois Registration District No. 773
Township Sti Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No.) St. Ward

File No.
Registered No. 133

2. FULL NAME Charmie Woolsey

(a) Residence, No. St. Louis, Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Emmert Woolsey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1906
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Mo.

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 9-25-35, 19...

19. UNDERTAKER Neidert Undertaking Co.
(ADDRESS) Farmington, Mo.

20. FILED 9-25-35, 1935 T. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-35

22. I HEREBY CERTIFY, That I attended deceased from 9-8-28, 19... to 9-24-35, 19...
I last saw her alive on 9-23-35, 19... Death is said to have occurred on the date stated above, at 8:00 am
The principal cause of death and related causes of importance were as follows:

Sarcinoma of Liver, bile ducts & lungs - probably primary of bile ducts with 2d fraction of left lung (terminal) probably 2da
Other contributory causes of importance:
Dementia praecox - 6-8-10 yrs
Chronic salpingitis - unknown

Name of operation None Date of None
What test confirmed diagnosis? Chol. lab. & autopsy Were 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? None
(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 G. H. Graves, Jr.
(Signed) G. H. Graves, Jr., M. D.
(Address)

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.

9-20-35