MAR 25 19[illegible]

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

Do not use this space.

7546

1. PLACE OF DEATH

County: St. Louis — Registration District No. 789 — File No.

Township: Normandy — Primary Registration District No. 6033 — Registered No. 72

City: Maryland Heights (No. Dorsett Ave. St. Ward)

Central

2. FULL NAME: Julia Ann Woodland

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

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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. A. Woodland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25-1854

7. AGE: YEARS 81 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 1/1/36
11. Total time (years) spent in this occupation: 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Robertsville, Mo.

FATHER

13. NAME: Sam Wade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Elizabeth Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Nellie Purcely, Robertson, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olive Cem. DATE: 3-3-1936

19. UNDERTAKER (ADDRESS): Bannam Bros Inc. Overland, Mo.

20. FILED: 3-2-1936 [illegible] Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936 to Feb 29, 1936

I last saw h. em alive on Feb 29, 1936. Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Cerebral Hemmorrhage	

Other contributory causes of importance:
cardio vascular renal disease

Name of operation: none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No.

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) J. Martyn Schattyn, M. D.

(Address) 226 University Club Bldg.

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.