

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

Do not use this space.

**29319**

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Clayton

Registration District No. 790  
Primary Registration District No. 6033  
(No. 7551, Byron Plc)

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

William Couper Woodson  
(a) Residence, No. 7551 Byron Plc 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 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 Annie Dudley Woodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1850.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery  
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) St. Louis County Mo.

13. NAME William Couper Woodson

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

15. MAIDEN NAME Juliette Howard

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

17. INFORMANT (ADDRESS) Max Frank N. Van Suijk 7551 Byron Plc

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem DATE Aug 17 1931

19. UNDERTAKER (ADDRESS) C. R. Duxton & Sons Inc 4449 Olive St

20. FILED Aug 17 1931 R. H. Anderson Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27 1931, to Aug. 15<sup>th</sup> 1931. I first saw him alive on Aug. 14<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.. The principal cause of death and related causes of importance were as follows:

Thrombo-angiitis obliterans  
95B  
99B  
6B  
Other contributory causes of importance:  
Chronic Nephritis  
+ Exhaustion  
Date of onset 7/27/31

Name of operation usual exam Date of .....  
What test confirmed diagnosis? A 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. C. Brown M. D.  
(Address) Paul Brown 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.

25 1931

