OCT 28 1935

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

Do not use this space.

30532

File No.
Registered No.

1. PLACE OF DEATH
County St Francois
Township
City Bismarck (No. , St. Ward)

Registration District No. 711
Primary Registration District No. 4462.

94 1 3

2. FULL NAME Peter B Woolford

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Martha Woolford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27-1845

7. AGE: 89 YEARS; 9 MONTHS; 26 DAYS; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Engineer
10. Date deceased last worked at this occupation (month and year) About 40 yrs ago.
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Peter Woolford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co Mo

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Wm H. Woolford, St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bismarck Mo DATE Sept 30 1935

19. UNDERTAKER (ADDRESS) Wm H Hill Bismarck, Mo

20. FILED Sept 30 - 1935 F. W. Gale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21st, 1935, to Sept. 28, 1935. I last saw him alive on Sept. 28, 1935. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	Sept 21 1935
108	

Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) F. W. Gale, M. D.
(Address) Bismarck, Mo

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.

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