REC'D FEB 11 1939

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

Do not use this space.

3715

File No.
Registered No. 840

1. PLACE OF DEATH
County St Francois
Township St Francois
City Flat River (No. , St. Ward)
Registration District No. 274
Primary Registration District No. 4465

2. FULL NAME 438 William R. Woolsey

(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 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 Lucy Woolsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-1861

7. AGE: Years 77 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) 1-1-8
11. Total time (years) spent in this occupation 50

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

FATHER
13. NAME James Woolsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Pyatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) John McCoy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville Mo DATE 1-26, 1939

19. UNDERTAKER (ADDRESS) L. J. Jones & Sons Steelville Mo

20. FILED 2/2, 1939 O B Ferrand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1939, to 1-25, 1939
I last saw h~~im~~ alive on 1-24, 1939. Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Myocarditis	

Other contributory causes of importance:

Name of operation 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) O B Ferrand, M. D.
697 (Address) Flat River Mo

CAUSE OF DEATH: Use only approved terms, supplied by Bureau of Vital Statistics. Record in Section 22 should be clearly supplied. Use only approved terms, so that it may be properly classified. Exact statement of C