

1939 APR 2 9 1939

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

Do not use this space.

11376

1. PLACE OF DEATH

County Lawrence Registration District No. 470  
Township Mt. Vernon Primary Registration District No. 0-633  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 44  
Registered No. \_\_\_\_\_

2. FULL NAME

Sanford Chesterfield 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>white</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Ella Woolsey</u>     |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan 27, 1869</u>                          |   |   |
| 7. AGE  | YEARS<br><u>70</u>  | MONTHS<br><u>1</u>  |
|   | DAYS<br><u>15</u>   | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u>                  |   |
|   | 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)<br><u>Edmondson Co. Ky.</u>            |   |   |
| FATHER  | 13. NAME<br><u>S. W. Woolsey</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |   |
| MOTHER  | 15. MAIDEN NAME<br><u>unknown</u>   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>unknown</u>  |   |
| 17. INFORMANT<br><u>Mrs Ella Woolsey</u><br>(ADDRESS) <u>Mt. Vernon Mo</u>              |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>S. O. O. Farm</u> DATE <u>Nov 18 1939</u> |   |   |
| 19. UNDERTAKER<br>(ADDRESS) <u>Foyett Funeral Home</u><br><u>Mt. Vernon</u>             |   |   |
| 20. FILED <u>3-30</u> 19 <u>39</u> <u>W. A. Holmes</u><br>Registrar                     |   |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 2, 1938 to March 15, 1939  
I last saw him alive on March 14, 1939 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Intestinal  
obstruction  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 131  
none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Saf 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) W. A. Holmes, M. D.  
(Address) Mt. Vernon 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-754

Date Filed APR 6 1936