

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH
County Wayne
Township Benton or Village _____ or City Piedmont (NO. _____ St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]
Registration District No. 891 File No. 40852
Primary Registration District No. 4540 Registered No. _____
FULL NAME Edward Woodbury
From Kalamazoo Mich.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)		
AGE <u>abo 65</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Banker</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>not known</u>		
PARENTS	NAME OF FATHER <u>not known</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>not known</u>	
	MAIDEN NAME OF MOTHER <u>not known</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>"</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Piedmont Mich 1910
(Month) _____ (Day) _____ (Year)

I HEREBY CERTIFY, that I attended deceased from Was, 1910, to Dead, 1910, that I last saw h alive on when called 1910, and that death occurred; on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Heart failure
superinduced from
irritated bowel
(Duration) 3 yrs. _____ mos. _____ ds.

Contributory Gastritis
(SECONDARY) (Duration) 9 yrs. _____ mos. _____ ds.

(Signed) J. H. Bates M.D.
Jany 1910 (Address) Piedmont

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. Reese
(ADDRESS) Piedmont
Filed Dec 19 1910 L. C. Toney REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence Kalamazoo Mich
PLACE OF BURIAL OR REMOVAL Reformed Kalamazoo Mich DATE OF BURIAL _____ 1910
UNDERTAKER Chas S Diesel ADDRESS Piedmont

