LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

33610

1. PLACE OF DEATH
County: Livingstone — Registration District No.: 570 — File No.: 13
Township: Mooresville — Primary Registration District No.: 3679 — Registered No.:
City: ~~Mooresville~~ (No. ..... St. ..... Ward)

2. FULL NAME: Julia Ann Woods
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. 6 mos. 3 ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 24 1862

7. AGE: Years 61 | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): In Home of Mr J. F. Fulkerson, Servant
(c) Name of employer: J. F. Fulkerson Kansas City Mo

9. BIRTHPLACE (CITY OR TOWN): Mooresville Livingstone Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Daniel Woods
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mooresville
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Louisa Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mooresville
(STATE OR COUNTRY): Missouri

14. INFORMANT: Miss. Nina Woods
(Address): Mooresville Mo

15. FILED: Nov 17, 1923 J. E. Cahoy, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 15th 1923

17. I HEREBY CERTIFY, That I attended deceased from July 31st 1923 to Nov 15th 1923, that I last saw h. alive on Nov 13th 1923 and that death occurred, on the date stated above, at 4:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Tumor
137
(duration) 2 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY): Adhesions to pericardium
(duration) — yrs. 6 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kansas City Mo.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Doctor also Myself
(Signed) Mrs M. Neen, M. D
, 19 23 (Address) Mooresville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mooresville Cemetery — DATE OF BURIAL: Nov 18 1923
20. UNDERTAKER: T. McPeek Bowersville Mo — ADDRESS:

Note: 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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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No..... .....St. .....Ward)

2. FULL NAME .....

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14.
INFORMANT .....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17.
I HEREBY CERTIFY, That I attended deceased from .....
....., 19....., to ....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
.....(duration).....yrs. .....mos.....ds.

CONTRIBUTORY.....
(SECONDARY)
.....(duration).....yrs. .....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

N. B.—Every item of information should be carefully supplied. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.