

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

Do not use this space.

17191

1. PLACE OF DEATH

Comty.

Registration District No.

791

Towaship

Primary Registration District No.

1003

File No.

Registered No.

6055

St.

Ward)

2. FULL NAME

(a) Residence, No.

208 N 14

St.

25

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **20** yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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)

Not known

7. AGE

abk 53

8. OCCUPATION OF DECEASED

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

Farmer.

(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)

Illinois

10. NAME OF FATHER

Mathew Woodburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Ella Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

Residence City/Pepe

15.

FILED **JUN 30 1927**

19

May 6 Starks

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 19 1927

17.

I HEREBY CERTIFY, That I attended deceased from **May 15 1927** to **May 19 1927** that I last saw him alive on **May 19 1927** and that death occurred, on the date stated above, at **9:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage (apoplexy)
9:20 A.M. (duration)

CONTRIBUTORY (SECONDARY)

7401 (duration)

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

M. D.

5/19 1927 (Address) **City/Pepe**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington D.C.

6/7 27

20. UNDERTAKER

ADDRESS

W. Richter 3500 Ritz

MISSOURI STATE BOARD OF HEALTH PERMANENT RECORD

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.

Woodburn