

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

Do not use this space.

33767

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City

Registration District No. 7092  
Primary Registration District No. General Hospital

File No. \_\_\_\_\_  
Registered No. 4537  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Russell D. Woods

(a) Residence No. 1833 Garban St. 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
	<u>6</u>	<u>2</u>	<u>25</u>	

**8. OCCUPATION OF DECEASED**

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

PARENTS

10. NAME OF FATHER F. D. Woods

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Ruth Beagle

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

14. INFORMANT Mrs. Ruth Askew  
(Address) 1833 Garban

15. FILED 11/28/27 M. M. Croine  
REGISTRAR ack

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1927

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**

accidental automobile trauma  
multiple injuries  
2:10 M

CONTRIBUTORY (SECONDARY) K.K. mo  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? (duration) yrs. mos. da. 1880

0 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Ruth Askew, M. D.  
11/25/27 (Address) 1833 Garban

\*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 Forest Hill DATE OF BURIAL 11/28 1927

20. UNDERTAKER Whitney & Son ADDRESS Leban

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.

