CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1928

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

Do not use this space.

37589-a

1. PLACE OF DEATH

County: Miss — Registration District No.: 566 — File No.:

Township: Tynappity — Primary Registration District No.: 5762 — Registered No.: 120

City: ..... No. ..... St. ..... Ward)

2. FULL NAME: Duce Woodson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Bl

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): 12/9/1906

7. AGE: Years 21 — Months — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Coal Miner

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

(c) Name of employer: Gibson Co

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

PARENTS

10. NAME OF FATHER: Miles Woodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gibson Co Tenn

12. MAIDEN NAME OF MOTHER: Nina Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co Tenn.

14. INFORMANT: Miles Woodson
(Address): Charleston, Mo #1

15. Dec 21st 1927 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21st 1927

17. Did not have a doctor

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 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Inflamatory Rheumatism from history given by the Family
56F (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 51 a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Family History

(Signed) Frank S Vernon, M. D

12-21-, 1927 (Address) Charleston Mo Corner

*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: Oak Grove Cemetery — DATE OF BURIAL: 12-21 1927

20. UNDERTAKER: The Lair Und. Co F O Lair — ADDRESS: Charleston Mo