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

Do not use this space.

MAR 19 1928

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.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 403 — File No.: 5299

Township: ~~Brooking~~ — Primary Registration District No.: 5007 — Registered No.:

City: ~~Kansas City~~ (No. 55th Rinker Road St. Ward)

2. FULL NAME Jean Ann Woodman

(a) Residence. No. 55th Rinker Rd 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. 2 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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) Nov 14-1927

7. AGE — YEARS: — MONTHS: 2 — DAYS: 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baby
(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) 55th Rinker Rd.

PARENTS

10. NAME OF FATHER Jno Irvan Woodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dale Co Mo
12. MAIDEN NAME OF MOTHER Mina Viola Stevenson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kas

14. INFORMANT Jno Irvan Woodman (Address) 55th Rinker Road

15. FILED 2/3, 1928 W. W. Hobbs REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1928, to Feb. 2, 1928 that I last saw home alive on Feb 2, 1928, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping Cough, complicated w/ Bronchial Pneumonia.

107 A (duration) yrs. mos. 14 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Arthur A. Hobbs, M. D
~~Feb~~, 1928 (Address) 3000 Indiana Ave

*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: Brooking Cemetery — DATE OF BURIAL: Febr 4 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood