G 23 1928

8512-1

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

Do not use this space.

8512-A

1. PLACE OF DEATH
County GENTRY
Township MILLER
City GENTRYVILLE.
Registration District No. 313
Primary Registration District No. 5432
File No.
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME MARY A. WOODS

(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 4 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)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN. 4, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	2	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER UNKNOWN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN
12. MAIDEN NAME OF MOTHER UNKNOWN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY) UNKNOWN

14. INFORMANT Roy H. Woods
(Address) Long Beach Calif

15. Apr 1, 1928 H. J. Patton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/8. 1928. 19

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1928, to 3/8, 1928 that I last saw her alive on ....., 19..., and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Softening of brain
82A
82C (duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (SECONDARY) apoplexy
(duration) ..... yrs. 11 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L E Blackburn, M. D
3/9, 1928 (Address) King City, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: KING CITY, CEMETERY
DATE OF BURIAL: 3/10/28

20. UNDERTAKER: H. D. Wilson
ADDRESS: King City Mo.

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD