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

Do not use this space.

13554

1. PLACE OF DEATH

County: Jackson — Registration District No.: 599 — File No.:

Township: Raw — Primary Registration District No.: 1002 — Registered No.:

City: Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Charles Doren Woodward

(a) Residence. No. 1701 E. 59th St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~or WIFE OF~~) Mrs. Irene Woodward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	24	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Dan Doren Woodward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Malinda Jane Bennett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa

14. INFORMANT Mrs. Irene Woodward
(Address) 1701 E. 59th St.

15. FILED 4/26, 1928 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Apl 20, 1928 to Apl 25, 1928 that I last saw b. l. m. alive on Apl 24, 1928 and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 Pneumonia, Embolus
111 Pulmonary Embolus
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Thrombosis — Appendectomy
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? HB
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Appendectomy 4/21/28
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. P. Mather, M. D.
April 25, 1928 (Address) 1207 Rialto Bldg.

*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
Forest Hill	April 26 1928
20. UNDERTAKER	**ADDRESS**
D. M. Newcomer's Sons	2111 E. 9th St.

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Dr. Harry Mather
1207 Riallo Bldg
6117 Morningside Drive - until 9:30 a.m.