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

Do not use this space. 15816

15546

JUL 10 1920

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Bernie (No. ..... St. ..... Ward)

Registration District No. 836
Primary Registration District No. 4807

File No. .....
Registered No. .....

2. FULL NAME Edgar 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 27 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Woods

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 13 hrs. or ..... min.
70	6	7	

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

9. BIRTHPLACE (CITY OR TOWN) Albion
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Thos. T. Woods
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Georgiana Spangler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phila
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Roy B Woods
(Address) Bernie Mo

15. FILED 6/15, 1928 W H Goad REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1923

17. I HEREBY CERTIFY, That I attended deceased from April 18th, 1923, to April 28, 1923 that I last saw him alive on April 28, 1923, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis Heart
923
JOW
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTOR (SECONDARY) Nosel
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J N Nicks, M. D
, 19 (Address) Powe 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 Bernie Cemetery
DATE OF BURIAL May 2 1923

20. UNDERTAKER Bernie Undertaking Co
ADDRESS Bernie 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.

V.S. NO. 2