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

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.

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

Do not use this space.

38062

1. PLACE OF DEATH
County St Louis
Township Central
City (No. St. Ward)
Registration District No. 189
Primary Registration District No. 60 838
File No.
Registered No. 329

2. FULL NAME Tettie May Woods
(a) Residence. No. 1203 Purcell St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: Female
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: Samuel T Woods

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 in 1869

7. AGE: 58 Years ~~56~~ Months 11 Days 17 If LESS than 1 day, ... hrs., or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 181 162
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pittsfield
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER George Ward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greencastle
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Sarah Mooman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. E. V. Stay
(Address) 1203 Purcell

15. FILED 11/6, 1928 Rolla Bray M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4th, 1928, to Nov 5, 1928, that I last saw h... alive on Nov. 4, 1928, and that death occurred, on the date stated above, at 3:32 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
"Accidental"
2/3 of body Burned
While attempting to fire furnace
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senile
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J Roy Compton, M. D
Nov 5, 1928 (Address) 1229 Midland

*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: Mexico, Mo.
DATE OF BURIAL: Nov. 6th 1928

20. UNDERTAKER: Wayner
ADDRESS: 3621 Olive

O. K. Louis H. Bopp