

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

Do not use this space.

5772

1. PLACE OF DEATH

County Carroll

Registration District No. 139

File No.

Township Hill

Primary Registration District No. 5-200

Registered No. 6

City (No.) St. Ward)

2. FULL NAME

Mary Emeline Wooden

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF James Wooden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-21-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 | 11 | 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(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) North Carolina

10. NAME OF FATHER Parsons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Rebecca Withdows

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT (Address) Mrs. Nora Smith, Bogard, Mo

15. FILED 4/4 1929 C. P. Edwards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1929 to FEB 3, 1929 and I last saw her alive on Feb 3, 1929, and that death occurred, on the date stated above, at 12 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTOR (SECONDARY) 115 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) C. P. Edwards, M. D.

4/4, 1929 (Address) Lina 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 DATE OF BURIAL

Bradley Cemetery 2-5 1929

20. UNDERTAKER ADDRESS

E. A. Dickerson Bogard 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.

AR 21 1929

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PARENTS

