

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

Do not use this space.

6700

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 3512 Summit St.)

Registration District No. 399
Primary Registration District No. 1002

File No. 800
Registered No. 800 St. 5 (Ward)

2. FULL NAME Mrs. Mary Fletcher Woodford

(a) Residence, No. 3512 Summit St., 5 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 0 da. How long in U.S., if of foreign birth? yrs. 0 mos. 0 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*writes the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William D. Woodford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 10 26 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employee).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Ottawa
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Frank Fletcher

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

12. MAIDEN NAME OF MOTHER Harriet Garrison

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

14. INFORMANT Wm D Woodford
(Address) 3512 Summit

15. FILED 2/21 19 29 M. W. Time
Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929, to Feb 20, 1929 that I last saw him alive on Feb 20, 1929, and that death occurred, on the date stated above, at 7:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97

(duration) 4 yrs. 0 mos. 0 da.
CONTRIBUTORY arteriosclerosis
(SECONDARY) (duration) 3 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH?.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) N. F. Koopler M. D.

2-21-19 (Address) 630 Myrtle Bldg K.C. 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 Topeka, Kansas DATE OF BURIAL Feb. 23 19 29

20. UNDERTAKER R. V. LINDSEY & SONS, Inc ADDRESS 38th & Brdwy

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 UNFADING INK---THIS IS A PERMANENT RECORD

