

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH** 29

Do not use this space.  
*Duggell Joe*  
**13770** *ce*

**1. PLACE OF DEATH**

County Barry Registration District No. 973  
 Township Jenkins Primary Registration District No. 5048  
 City Jenkins (No. RED # 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9  
 Registered No. 979

**2. FULL NAME** William Lawrence Woods

(a) Residence, No. RED # 1 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** Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** depart

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov-11-1927

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 5 3 \_\_\_\_\_

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work depart  
 (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)** Barry co - Missouri

**10. NAME OF FATHER** Wm L Woods

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

**12. MAIDEN NAME OF MOTHER** Annie Hillen

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

**14. INFORMANT (Address)** W. L. Woods Jenkins MO RED # 1

**15. FILED** May 1929 F. H. Hoverson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 14 1929

**17. I HEREBY CERTIFY, That I attended deceased from** 4-14, 1929, to 4-14, 1929 that I last saw him alive on 4-14, 1929 and that death occurred, on the date stated above, at 1:20 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Broncho Pneumonia  
10 days (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** 10 days (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

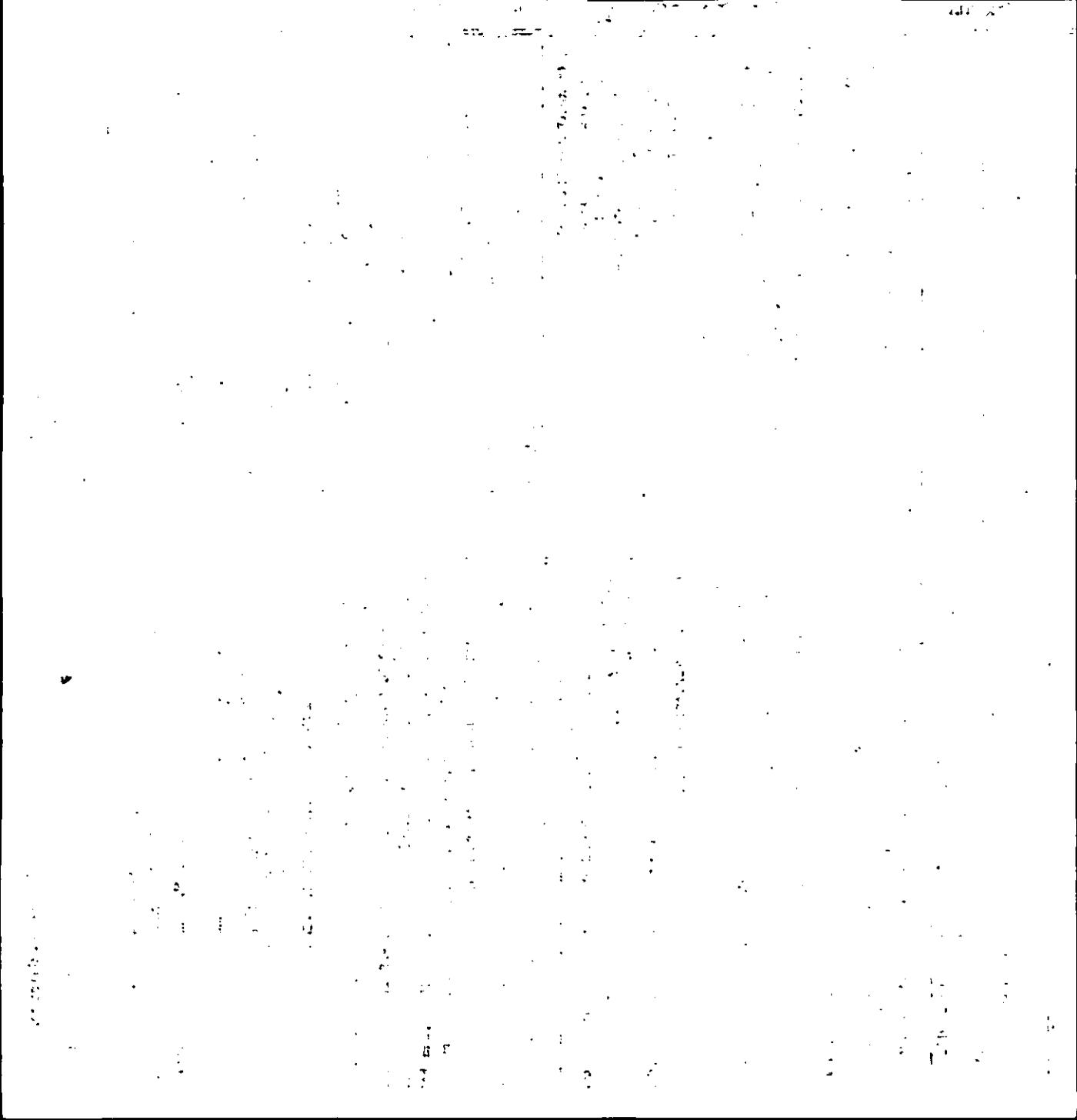
**DID AN OPERATION PRECEDE DEATH** \_\_\_\_\_ DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**  
 (Signed) J. R. A. Wright M. D.  
4-15, 1929 (Address) Barry 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** Maple Park Cemetery **DATE OF BURIAL** 4/15 1929

**20. UNDERTAKER** King Funeral Home **ADDRESS** Aurora Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Barry  
Township Jenkins  
City Jenkins

Registration District No. 29  
Primary Registration District No. 5-048  
(No. P. J. D. # 1)

File No. \_\_\_\_\_  
Registered No. 249  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Lawrence 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 yrs. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 3 3

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Barry, Mo.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm. L. Woods

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barry, Mo.  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Wm. Hilton

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

14. INFORMANT W. L. Woods  
(Address) Jenkins Mo. P. J. D. # 1

15. FILED July 29 1929 Mrs. Y. R. Williams  
REGISTRAR Ppt.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14 1929

17. I HEREBY CERTIFY that I attended deceased from 4-14 1929 to 4-14 1929, and that I last saw him alive on 4-14 1929, and that death occurred, on the date stated above, at 120 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
(duration) \_\_\_\_\_ yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

(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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. C. R. Loggatt, M. D.  
4-15 1929 (Address) Barry 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 Maple Park Cemetery DATE OF BURIAL 7/10 - 1929

20. UNDERTAKER King Funeral Home ADDRESS Barry Mo

REGISTRY CARDS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

ON P. 517

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