54

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.

34256

File No. 82

Registered No.

1. PLACE OF DEATH

County Lafayette — Registration District No. 461

Township Lexington — Primary Registration District No. 5625

City (No. St. Ward)

2. FULL NAME Commodore Newton Woods

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 1854

7. AGE: YEARS 70 | MONTHS | DAYS 28 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pauper 92B 57P

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Troy Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Newton Woods

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

12. MAIDEN NAME OF MOTHER ~~Rosemary~~ Anna Rosebery

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

14. INFORMANT J. Thos Lackin
(Address) Wellington Mo.

15. FILED Oct 12, 1924 J. D. Howse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1924

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1924, to Oct 11th, 1924, that I last saw him alive on Oct 11th, 1924, and that death occurred, on the date stated above, at 11:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endo Carditis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) Articular Rheumatism Chronic (duration) 6 yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Mann, M. D.

Oct 12 1924 (Address) Wellington 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: Moberly Mo — DATE OF BURIAL: Shipped 1929

20. UNDERTAKER: Ernest Fegert — ADDRESS: Lexington Mo