

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

Do not use this space.

39067

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003**
 City **St. Louis mo.** (No. **2616** - **Thomas**) St. Ward)

2. FULL NAME

Evelyn Woodford
 (a) Residence. No. **2616 Thomas** St., **21** Ward. (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 **Col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 20 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 7 3

8. OCCUPATION OF DECEASED **Domestic**
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Greenville Miss.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Henry Smith**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Not Known**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Roda Baker**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Not Known**
 (STATE OR COUNTRY)

14. INFORMANT **Nathan Woodford**
 (Address) **2616 Thomas st.**

15. FILED **NOV 26 1929** **Max V. Staker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **11-23-1929**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 15**, 19**29**, to **Nov 23**, 19**29** that I last saw her alive on **Nov 23**, 19**29**, and that death occurred, on the date stated above, at **2:40** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fobar (Pneumonic)

108/010 (duration) yrs. mos. **8** ds.

CONTRIBUTORY (SECONDARY) **8** (duration) yrs. mos. **8** ds.

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

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

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical symptoms**
 (Signed) **D. M. Walthall**, M. D.
 , 19 (Address) **1001 N. Peterson**

*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 **Father Dickson** DATE OF BURIAL **11-27-1929**

20. UNDERTAKER **A. S. Dealand Co.** ADDRESS **2726 Sulem on.**

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.

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STATEMENT RECORD

