

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

Do not use this space.

40637
5042

1. PLACE OF DEATH

County Jackson
Township Kau
City J. C. mo

Registration District No. 399
Primary Registration District No. 1002
(No. 1416 E 17th)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

J. H. Woods
(a) Residence No. 1416 E 17th St. 4 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 Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 8 ~~8~~

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(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) Miss

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Maria Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss

14. INFORMANT Mary Woods
(Address) 1416 E 17th St.

15. FILED 12/7/29 M. M. Crow
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3-29

17. I HEREBY CERTIFY, That I attended deceased from 11-25-29 to Dec 3-29, 1929, that I last saw him alive on Dec 3-29, 1929 and that death occurred, on the date stated above, at 11:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
69R (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Toxemia
(duration) yrs. mos. 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

(Signed) W. H. Miller M. D.

12/4, 1929 (Address) 1618 Lyden

*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 Hill DATE OF BURIAL 12-9-29

20. UNDERTAKER W. B. Moore ADDRESS 1820 E 18th

K. 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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