

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

Do not use this space.

2670

791

1003

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 98
 City St Louis Mo No. 1102^a 7¹ 12th Street St. Ward)

2. FULL NAME

(a) Residence No. 1102^a 7¹ 12th St. 26 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 Cold 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	32	5	4	

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) Odd Jobs
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Christian Spring
 (STATE OR COUNTRY) Miss

10. NAME OF FATHER Charles Woods

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Christian
 (STATE OR COUNTRY) Spring, Miss

12. MAIDEN NAME OF MOTHER Aldie Woodall

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

14. INFORMANT Sola Woods
 (Address) 1102^a 7¹ 12th St

15. FILED - 5 1930 May C Starker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 2 - 30

17. I HEREBY CERTIFY, That I attended deceased from March 3^d 1929, to Jan 2 1930 that I last saw him alive on Dec 30, 1929, and that death occurred, on the date stated above, at 10 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
92A

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) not known
 (duration) 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) A. Brock, M. D.
 . 19 (Address) 4243 Easton Ave St Louis 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 Washington Park DATE OF BURIAL Jan 6th 30

20. UNDERTAKER A. L. Beal and Co ADDRESS 2726 Lucas Ave

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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