MAR 25 1930

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

Do not use this space.

Dr. Lemon

4689

File No.

Registered No. 169

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield, Mo (No. 1021 S. Fremont St. Ward)

2. FULL NAME Pierre O. Woods

(a) Residence. No. 1021 S. Fremont 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Erma Woods

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	8	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R. W.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER Pierre O. Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No data

12. MAIDEN NAME OF MOTHER Carrie Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No. data

14. INFORMANT Mrs. Erma Wood (Address) Springfield, Mo.

15. FILED 2-21, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from on Feb. 20, 1930, to, 19 that I last saw him alive on Feb. 20, 1930, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

angina pectoris (first attack)

(duration) 1½ hrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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?

(Signed) G. B. Lemmon, M. D

2/20, 1930 (Address)

*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

DATE OF BURIAL: Feb. 22 1930

20. UNDERTAKER: Alma Lohmeyer Funeral Home

ADDRESS: Springfield Missouri

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.

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