

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

Do not use this space.

19717

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township New Primary Registration District No. 002  
City Kansas City (No. 921 E. 12)

File No. \_\_\_\_\_  
Registered No. 571190  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 921 E 12 St. 2 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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) separated

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 unknown

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Plasterer  
(b) General nature of industry, business, or establishment in which employed (or employer). Cement finisher  
(c) Name of employer Union 170 Okla. City Okla.

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

10. NAME OF FATHER James Hampton Woods

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

12. MAIDEN NAME OF MOTHER Sallie Lee Afflick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) prairie Grove Mo.

14. INFORMANT Wm. Bryan Woods  
(Address) Landed Kas.

15. FILED 7/1, 1930 M. M. Cronin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1930

17. Deputy Coroner  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 9.45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute

99B 9/10/30  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)  
9/10/30  
(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? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy  
(Signed) Stanley W. Hall, M. D.

6/29, 1930 (Address) Deputy Coroner

\*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 Fayette Mo. DATE OF BURIAL 7-5 1930

20. UNDERTAKER Eylan Funeral Home 1800 Linwood ADDRESS

N. B.—Every item of information should be carefully supplied. It 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.

