

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

Do not use this space.

19848

WV 23 1930

1. PLACE OF DEATH

County *Johnson*
Township *Madison*
City *Holden* (No.)

Registration District No. *427*
Primary Registration District No. *4233*

File No.
Registered No. *13*
St. Ward)

2. FULL NAME *William H. Woods*

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred *21* 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 *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary E. Woods*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 27 - 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Farming*
(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) *Mo.*

10. NAME OF FATHER *Fredrick Woods*

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

12. MAIDEN NAME OF MOTHER *Mary Mitchell*

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

14. INFORMANT *H. E. Woods*
(Address) *Kansas City, Mo*

15. FILED *6/21 1930* *G. R. Harris* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 20th 1930*

17. I HEREBY CERTIFY, That I attended deceased from *May 21*, 19*30* to *June 20*, 19*30* that I last saw him alive on *June 20*, 19*30* and that death occurred, on the date stated above, at *9:10* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parainfluenza on face and leg.
5 1/2
53/5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *48* (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *Ernest Thompson* M. D.
, 19 (Address) *Holden 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 *Holden Cemetery* DATE OF BURIAL *6/22 1930*

20. UNDERTAKER *John H. Murray* ADDRESS *Holden Mo.*

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.

