OCT 31 1930 20232-1

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

Do not use this space.

20232-B

File No.
Registered No.

1. PLACE OF DEATH
County: Pemiscot
Township: Hirsland
City: (No. , St. Ward)
Registration District No. 655
Primary Registration District No. 5872

2. FULL NAME: W J Woodard
(a) Residence. No. 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: Male
4. COLOR OR RACE: White
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): 2-14-1878

7. AGE: Years 52 | Months 4 | Days 1 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Ky.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: William Woodard
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Va.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Susan Troup
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ky
(STATE OR COUNTRY)

14. INFORMANT: J. A. Woodard
(Address): Steele Mo

15. FILED 4/16 30, 19 Max L. Kelly. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-15-1930

17. 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 7 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart: Collapse
Death occurred before my arrival.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 950
(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? Physicians symptoms
(Signed) J. W. Rosenau M. D.
, 19 (Address) Steele 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: Lester Cemetery
DATE OF BURIAL: 6-16 1930

20. UNDERTAKER: H. R. Smith
ADDRESS: Cuilo Mo

V. S. No. 2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING