OCT 31 1930

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

Do not use this space.

30854

1. PLACE OF DEATH
County: Randolph
Township: ~~Moberly~~
City: ~~Moberly~~ (No. McCormick Hospital St. Ward)
Registration District No. 735
Primary Registration District No. 3034
File No.
Registered No. 406

2. FULL NAME: Orval Woods
(a) Residence. No. 47 Nault 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. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep 10, 1910
7. AGE: Years 20 Months 0 Days 7 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DEESCED
(a) Trade, profession, or particular kind of work: Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Brown Shoe Co
9. BIRTHPLACE (CITY OR TOWN): Rhodes
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: D. P. Woods
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mollie Dunnaf
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

14. INFORMANT: David P Woods
(Address): Moberly Mo

15. FILED 9-17 1930 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930, to Sept 17, 1930, that I last saw him alive on Sept 17, 1930, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sepsis
1st 13
2nd 13
12th 13
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) acute appendicitis
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept-13
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. C. Nickell, M. D
9-17, 1930 (Address) Moberly 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: Log Chapel Cemetery
DATE OF BURIAL: 9-18 1930
20. UNDERTAKER: A. H. Oldaker
ADDRESS: Armstrong Mo