

NOV 26 1930

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

Do not use this space.

33637

1. PLACE OF DEATH

County Newton
Township Newto
City Newto (No. Dale Hospital)

Registration District No. 609
Primary Registration District No. 4363

File No. 193
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Carl Woodcock

(a) Residence, No. Joplin Mo 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 8 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 173
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Granby
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wiley Woodcock

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs Wiley Woodcock
(Address) Joplin Mo

15. FILED 10/22 1930 Registrar Dr. Mays

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

You shot wound inflicted by deputy sheriff Roy Hance, while performing his duty as an officer of the law.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 11, 1930

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Coroners Inquest
(Signed) James Nathan - Coroner M.D.

10/13/30 (Address) Granby 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 Granby Missouri DATE OF BURIAL Oct 14 1930

20. UNDERTAKER DeGhani ADDRESS Newto

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.

