

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

Do not use this space.

34153

1. PLACE OF DEATH

County.....
Township.....
City.....
Registration District No.
Primary Registration District No.
(No.)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widowed

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

Frank

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

Dec 6, 1839

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

90 9 26

8. OCCUPATION OF DECEASED

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

at Home

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

Illinois

10. NAME OF FATHER

Richard Woodbridge

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

Franklin Co. Kentucky

12. MAIDEN NAME OF MOTHER

Rebecca Rhodes

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

Franklin Co. Kentucky

14. INFORMANT (Address)

I. W. Collins
4431 So Broadway

15. FILED

OCT 24 1938

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

Oct 2 1938

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1938, to Oct 2, 1938, that I last saw him alive on Sept 23, 1938, and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

5 1/2 yrs (duration) 10 yrs mos ds
16 1/2 yrs (duration) 16 yrs mos ds
CONTRIBUTORY (SECONDARY)
Atherosclerosis

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

0525
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? YES
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas E. Townsend, M.D.
Oct 2, 1938 (Address) 3725 Washington

*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 DATE OF BURIAL

Mount Hope 10/4 1938

20. UNDERTAKER ADDRESS

V. Koronstein 7814 So Barry

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.

