

NOV 28 1930

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

Do not use this space.

35119

1. PLACE OF DEATH

County St. Louis
Township Richmond
City..... (No..... St..... Ward)

Registration District No. 839
Primary Registration District No. 6101

File No.....
Registered No. 57

2. FULL NAME

Mary Woods

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 4 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

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

10. NAME OF FATHER John P. Burton

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

12. MAIDEN NAME OF MOTHER Elizabeth Pitgway

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

14. INFORMANT Clara Duncan
(Address) Springer mo.

15. FILED 10-15-30 J. P. Brandon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1930, to Oct 15, 1930 that I last saw her alive on Oct 14, 1930, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. P. Brandon, M. D.

10-15, 1930 (Address) Essex, 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 West Antisick Cem, DATE OF BURIAL Oct. 16 1930

20. UNDERTAKER John P. Brandon ADDRESS Monroe, Mo

