

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

Do not use this space.

39927

File No. 104
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Lafayette
Township Washington
City _____ (No. _____)

Registration District No. 461
Primary Registration District No. 5525

2. FULL NAME

James Terrel Woodson

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Nov 26th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
63 0 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Franklin Co Mo

10. NAME OF FATHER

Kellie John Woodson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Mary Miranda Woodson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

14.

INFORMANT J. O. Hadley
(Address) Lexington, Mo

15.

FILED Dec 15, 1930
REGISTRAR J. H. Woodruff

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Nov 10th, 1930, to Dec 15th, 1930, that I last saw him alive on December 15, 1930, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of Heart
92A
(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY Don't know
(SECONDARY) (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) F. H. J. Mearns, M. D.

Dec 15, 1930 (Address) Kentington 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

DATE OF BURIAL

County Farm Cemetery

Dec 16 1930

20. UNDERTAKER

ADDRESS

Ernest Fegert, Lexington Mo

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.

JAN 20 1931

