

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

Do not use this space.

24 1931

5000

**1. PLACE OF DEATH**

County Waynes Registration District No. 231  
 Township \_\_\_\_\_ Primary Registration District No. 4141  
 City Steelville Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs. Maud Woodney  
 (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 Female 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) 7-25-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
<u>62</u>	<u>6</u>	<u>15</u>	<u>15</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. House Lady  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Steelville Mo.  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER C. A. Day

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Evelyn Joannell  
 (Address) Steelville, Mo

15. FILED 2-28-31 Car. Gibbs  
 REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Feb 10, 1931, that I last saw her alive on Feb 10, 1931, and that death occurred, on the date stated above, at 11:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidentally Burned Caused by  
pouring kerosene oil on fire  
that he did not see  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 18  
 (duration) ..... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Geo. W. Rouse, M. D.  
 , 19 (Address) Steelville 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 Salem Cemetery DATE OF BURIAL 2/13- 1931

20. UNDERTAKER L. J. Jones Steelville Mo  
 ADDRESS \_\_\_\_\_

CAUSE OF DEATH IN plain terms, so that it may be properly ascertained. Exact statement of cause of death.

