WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space. 7430

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1747

City St Louis, Mo. (No. City Hospital #2 St. ..... Ward)

2. FULL NAME WARREN WOODSON

(a) Residence. No. 2737 STODDARD St., 21 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-5-1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	24	3	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work COMM. LABOR

(b) General nature of industry, business, or establishment in which employed (or employer) —— 237

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS. 2

PARENTS

10. NAME OF FATHER PETE WOODSON

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 31

12. MAIDEN NAME OF MOTHER MARTHA LAWSON

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

14. INFORMANT A. GERTRUDE CREATH
(Address) CITY HOSPITAL #2

15. FILED FEB 10 1931 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8-1931

17. I HEREBY CERTIFY, That I attended deceased from 12-5-1930, to 2-8-1931 that I last saw her alive on 2-8-1931, and that death occurred, on the date stated above, at 4:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PULMONARY TUBERCULOSIS

23 A

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) UNKNOWN

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH UNKNOWN

23

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? AUTOPSY-X-RAY-CLINICAL

(Signed) Henry E. Hampton, M. D.

2-9-, 1931 (Address) City Hosp. #2

*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
Washington Park	2-12 1931

20. UNDERTAKER	ADDRESS
J C Lewis	Webster Groves Mo