

APR 20 1931

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

Do not use this space.

8651

1. PLACE OF DEATH
County ADAIR Registration District No. 4
Township Primary Registration District No. 5-005
City KIRKSVILLE MO R R St. Ward

File No.
Registered No. 42
St. Ward

2. FULL NAME JASPER WOODS
(a) Residence. No. R R KIRKSVILLE MO 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED
6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 13 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 1 21
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. FARMER RETIRED
(b) General nature of industry, business, or establishment in which employed (or employer). STOCK & GRAIN
(c) Name of employer SELF

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

PARENTS
10. NAME OF FATHER ARCHABLE WOODS
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) IND
12. MAIDEN NAME OF MOTHER ELIZIA BUTLER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) IND

14. INFORMANT (Address) Mark Gunn
KIRKSVILLE MO R R

15. FILED 2/23, 1931 Mrs C H Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931 to Mar 6, 1931, that I last saw him alive on Mar 6, 1931, and that death occurred, on the date stated above, at 4:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Pneumonia
1077
(duration) yrs. mos. ds. 12

CONTRIBUTORY (SECONDARY) don't know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) L J Carter, M. D.
, 19 (Address) Kirkville 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 REFUGE CEMETERY DATE OF BURIAL 3 10 1931

20. UNDERTAKER Davis & Welch ADDRESS Kirkville

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.

