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

Do not use this space.

14534

1. PLACE OF DEATH

48 County Jackson — Registration District No. 404 — File No.

Township Washington — Primary Registration District No. 5558 — Registered No. 28

City ~~Kansas City~~ (No. 7914 Euclid St. Ward)

2. FULL NAME Marion Patricia Woods

(a) Residence. No. 7914 Euclid St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8th.1924

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
7	1	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jno.H.Woods

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

12. MAIDEN NAME OF MOTHER Nellie Dougherty

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

14. INFORMANT Jno.H.Woods
(Address) 7914 Euclid

15. FILED 4-17-31, 19 Fred R. Sindsey Sub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17th. 1931

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 17, 1931 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 12.30PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute nephritis

115A

130

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Infected tonsils non contagious

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

0 115 N

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. S. Merriman, M. D.

, 19 (Address) 1225 Rialto Bldg

*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
Calvary Cemetery	4/20/31 19
20. UNDERTAKER	**ADDRESS**
W.F.Mayberry	City

Va 3647