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

Do not use this space.
21604
2739

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [redacted]

Township Kaw — Primary Registration District No. 1002 — Registered No. [redacted]

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Zerelda Ellen Woodstock

(a) Residence. No. Bellerive Hotel St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 27, 1838

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	93	4	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work V. P. Woodstock-Hoefer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa City (STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Dr. Jessee Bowen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known Virginia

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Henry M. Beardsley (Address) Land Bank Bldg. Kansas City Mo.

15. FILED 6/23 1931 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1926, to June 20, 1931 that I last saw her alive on June 19, 1931, and that death occurred, on the date stated above, at 5:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration

[illegible] (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal atony (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual clinical

(Signed) G. H. Hoxie, M. D

June 22, 1931 (Address) 1000 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~~ Elmwood Cemetery Crematory — DATE OF BURIAL 6-24 1931

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

VI-3975