

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

Do not use this space.

25110

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City

Registration District No. 300  
Primary Registration District No. 7002  
(No. Trinity Lutheran Hospital)

File No. \_\_\_\_\_  
Registered No. 2110  
Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Gladys Woodard

(a) Residence. No. 3739 Agnes St. 1 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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25, 1909

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, .....hrs. or .....min.
	<u>22</u>	<u>4</u>	<u>21</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Jerico Springs  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Chas. O. Hagins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerico Spgs.  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Etta Farmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jerico Spgs.  
(STATE OR COUNTRY) Mo

14. INFORMANT Ernest Woodard  
(Address) 3739 Agnes

15. FILED 7/17, 1931 M. M. Crowe  
REGISTRAR Ans

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 7/13/31 to 7/16/31, 1931, that I last saw her alive on July 16, 1931, and that death occurred, on the date stated above, at 6:55 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Hepatic Toxicemia  
Acute Hemolytic Hepatitis  
(duration) ..... yrs. .... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Pregnancy  
(duration) ..... yrs. .... mos. 8 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED 147  
IF NOT AT PLACE OF DEATH Delivery of Baby 1508  
DID AN OPERATION PRECEDE DEATH? DATE OF 7/15/31

3 WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Urigelysis & Blood Chem.  
(Signed) Dr. Gumpel M. D.

7/17, 1931 (Address) 934 Olive  
\*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 Memorial Park DATE OF BURIAL 7-18-1931

20. UNDERTAKER Mrs. C.L. Foster ADDRESS A.C. Mo

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.

