

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

Do not use this space.

35333

**1. PLACE OF DEATH**

County Phelps

Registration District No. 677

Township Rolla

Primary Registration District No. 440.3

City Rolla

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Octava Woods

(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1881

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
|        | 50    |        | 18   |                                  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine Co MA

FATHER 13. NAME George Blackwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MA

17. INFORMANT (ADDRESS) Charles Woods Rolla MA

18. BURIAL, CREMATION, OR REMOVAL PLACE Maine County DATE Oct 25 1931

19. UNDERTAKER (ADDRESS) Wm H. Bickler Rolla, Mo

20. FILED Oct 24 1931 Jos. F. Ceyles Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1931

22. I HEREBY CERTIFY, that I attended deceased from June 13 1931 to Oct 20 1931. Last saw her alive on Oct 22 1931. Death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

Pyelitis of left kidney  
132A / 133  
Other contributory causes of importance: \_\_\_\_\_

Date of onset 6-19-31

Name of operation \_\_\_\_\_ What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_

(Signed) L. Mitchell M. D.  
(Address) Rolla MA

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.

