Anderson

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

Do not use this space.

41371

1. PLACE OF DEATH
County Johnson. Registration District No. 431
Township Warrensburg. Primary Registration District No. 3023
City Warrensburg. (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Melvin Woodruff.

(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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1895.

7. AGE: 36 YEARS, 6 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ~~xxxxxxxxx~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Centerview Mo.

FATHER
13. NAME Tom. Woodruff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

MOTHER
15. MAIDEN NAME Rosa Offerd.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT (ADDRESS) Rosa Offerd Woodruff Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Dec. 26 31

19. UNDERTAKER (ADDRESS) S. R. Sweeney. Warrensburg. Mo.

20. FILED Dec 28, 1931 Wm R. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Dec 24, 1931
I last saw him alive on Dec 24, 1931. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Dec 24th 1931
34
94B

Date of onset

Other contributory causes of importance:
In all probability Syphilis

Name of operation none Date of —
What test confirmed diagnosis? — 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?
If so, specify
(Signed) John T Anderson, M. D.
(Address) Warrensburg 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.