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.

APR 25 1932

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

Do not use this space.
7724

1. PLACE OF DEATH
20 County: Cedar — Registration District No.: 165 — File No.:
Township: Linn — Primary Registration District No.: 5231 — Registered No.: 57
City: Stockton (No. ..... St. ..... Ward)

2. FULL NAME: George Washington Woods

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 1 1865

7. AGE: Years 66 | Months 3 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming 1
(b) General nature of industry, business, or establishment in which employed (or employer): 9
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stockton Mo. 1

PARENTS
10. NAME OF FATHER: Luke Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2
12. MAIDEN NAME OF MOTHER: Mary Mitchell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT: Amanda Dillens
(Address)

15. FILED: Court Seat Mars 1932 — REGISTRAR: E. B. Smith
Mary Douglas

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 13, 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Mar. 13, 1932, that I last saw him alive on Mar. 13, 1932 and that death occurred, on the date stated above, at 5-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights disease
131
Unknown (duration) — yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Unknown
— (duration) ..... yrs. — mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? — 1
(Signed) H. A. Sinnell, M. D.
3-13-1932 (Address) Stockton Mo.

*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: Oakley Cemetery — DATE OF BURIAL: Mar. 15 1932
UNDERTAKER: W. C. Davis & Co. — ADDRESS: Stockton