

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

Do not use this space.

8594

**1. PLACE OF DEATH**

County Jackson  
Township Frank  
City J. C. Mo. (No. 1040 Street)

Registration District No. 300  
Primary Registration District No. 1002

File No. 1178  
Registered No. 1178  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lavina Woodson  
(a) Residence, No. 1020 Street St. 2 Ward.

(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 OR RACE Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 71 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-keeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. domestic  
10. Date deceased last worked at this occupation (month and year) Mar. 6, 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Mo.

MOTHER 13. NAME Emmie Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME Grace Ann Thornton

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

17. INFORMANT 1020 Street, J. C. Mo.

18. BURIAL, CREMATION, OR REINTERMENT PLACE St. John's Church, J. C. Mo. 31

19. UNDERTAKER (ADDRESS) St. John's Church, J. C. Mo.

20. FILED 12/21 1932 Wm. M. Croome Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1932 to March 17, 1932  
I last saw her alive on Mar 17, 1932 Death is said to have occurred on the date stated above, at 1:25 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset 107 A  
Branchial Emissaries  
Other contributory causes of importance: Arterio Sclerosis (6 mos)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) Wm. M. Croome, M. D.  
(Address) J. 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.

RECORD

