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.

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

Do not use this space.

20320

1. PLACE OF DEATH Nodaway
County Maryville Mo.
Township
City
Registration District No. 625
Primary Registration District No. 3031
File No.
Registered No. 51
(No. , St. Ward)

2. FULL NAME Wilbur Vernin 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 Male
4. COLOR OR RACE White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 20 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
21	8	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Maryville Mo.

FATHER
13. NAME Elmer Woods.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Evalena Martin.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanberry Mo.

17. INFORMANT (ADDRESS) Elmer Woods Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miriam Cemetery. DATE 6-2 1932

19. UNDERTAKER (ADDRESS) price Fur. Co. Maryville Mo.

20. FILED 6-2 1932 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to June 1, 1932
I last saw him alive on May 31, 1931. Death is said to have occurred on the date stated above, at 3 a. m.,
The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

Other contributory causes of importance: ✓ (1)

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Widal 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) [signature], M. D.
(Address) Maryville Mo.