

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.

27 1934

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

Do not use this space.

20579

1. PLACE OF DEATH
 9.2 County St Charles Registration District No. 757
 4 Township St Joseph Hoop Primary Registration District No. 3036
 8 City St Charles (No. _____) St. _____ Ward _____

2. FULL NAME George Woodson
 (a) Residence, No. Orallen R # 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) married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie M. Woodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1889

7. AGE YEARS 42 MONTHS 10 DAYS 11 If LESS than 1 day, hrs. or min.

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

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 42

12. BIRTHPLACE (CITY OR TOWN) St Charles Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Goodridge Woodson

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lee

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Mrs. Robert Lawrence (ADDRESS) Orallen mo. R 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Gardens mo. DATE 6/27 1934

19. UNDERTAKER E. Keith (ADDRESS) Orallen mo.

20. FILED 6/25 1934 Ny. H. Bloebaum Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1934

22. I HEREBY CERTIFY, that I attended deceased from June 21 1934 to June 25 1934. I last saw him alive on June 25 1934. Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:
Staphylococcus Toxicus Date of onset _____

Other contributory causes of importance:
Staphylococcus tend. Squar. Throat left hand SYNOSTOSIS

Name of operation Incision drainage of Date of 6-25-34
 What test confirmed diagnosis? lab 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) Raymond J. Lentz, M. D.
 (Address) St. Charles Mo.

