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.

1933

65

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

Do not use this space.

34808

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1073
City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME Alex Woodson
(a) Residence, No. 101 Main St Joseph Mo 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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1875

7. AGE YEARS 57 MONTHS DAYS Unknown If LESS than 1 day, ...hrs. or ....min.

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.
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) Unknown America

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE 11-12 1932

19. UNDERTAKER (ADDRESS) B. F. Grant Funeral Home 806 S. 11th St

20. FILED 11-9 1932 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932, to Nov 8, 1932
I last saw him alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 10:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1 da
83	
107K 83	

Other contributory causes of importance: (1)
Gen Paresis

Name of operation no Date of
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? no Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) B. C. Miles, M. D.
(Address) State Hospital No 2