

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 2 1933
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.

40984

1. PLACE OF DEATH

County Jefferson
Township Coates
City 16 (No. _____)

Registration District No. 656
Primary Registration District No. 5873

File No. _____
Registered No. 555
St. _____ Ward _____

2. FULL NAME

Jefferson Woods
(a) Residence No. Steel mo Ward _____
(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 Wp 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) DK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 55 yr

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

PARENTS
10. NAME OF FATHER DK
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DK
12. MAIDEN NAME OF MOTHER DK
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DK

14. INFORMANT M. H. Harper
(Address) Steel mo

15. FILED 2-19-33 W Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
fell dead in field while at work

728 7515
Endocarditis (duration) _____ yrs. _____ mos. _____ ds.
alcoholic
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 2135

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. W. Rhodes M.D.
, 19 1932 (Address) Harper 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 Holly Grove Cnty DATE OF BURIAL 12-27 1932

20. UNDERTAKER German Wulf Co ADDRESS Steel mo

THE STATE OF TEXAS,
COUNTY OF []