

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

Do not use this space.

10356

1. PLACE OF DEATH

County Miller
Township Osquawcy
City (No.) (St.) (Ward

Registration District No. 364
Primary Registration District No. 3758

File No.
Registered No.
St. Ward

2. FULL NAME

John Joseph 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of add Woods

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hra. or ...min.
<u>70</u>	<u>1</u>	<u>3</u>	<u>8</u>	<u>25</u>

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)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller County

10. NAME OF FATHER Mrs. H. Woods

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Douglas County

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Sam Woods

15. FILED 3/23/33 REGISTRAR L. H. Moore

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22 1933

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 22, 1933 that I last saw him alive on March 19, 1933, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Spinalgia
with Angina
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) age (duration) yrs. mos. da. 70

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Synep
(Signed) EMC, M. D.
, 19 (Address) Tuscarora

*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 DATE OF BURIAL
WOODS CEMETERY 3/23 1933

20. UNDERTAKER ADDRESS
Phelps Edson

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.

APR 24 1933

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