

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.

AUG 22 1933

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

Do not use this space.

22538

1. PLACE OF DEATH
 17 County Carroll Registration District No. 133
 1 Township Wagon Primary Registration District No. 4974
 1 City Bogard (No. _____) St. _____ Ward _____

2. FULL NAME Theresa Ann Wooden
 (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.

File No. _____
 Registered No. 14
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 14 1849</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Wm Marple</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Emily Bright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Wm Wooden</u> (ADDRESS) <u>Bogard mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wooden Cem</u> DATE <u>7-6</u> 19 <u>33</u>		
19. UNDERTAKER <u>Ed. Dicusson</u> (ADDRESS) <u>Bogard mo</u>		
20. FILED <u>7-6</u> 19 <u>33</u> <u>Janie Henderson</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to July 4 1933
 I last saw h. hr. alive on July 4 1933 Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia with 4 hr
115
101
 Other contributory causes of importance: Senility
 Date of onset 7/1-33
1928

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical findings 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) J. M. Wooden, M. D.
 (Address) Bogard, mo

