

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

Do not use this space.

1. PLACE OF DEATH

78 County Pemiscot
Township Cooter
City Cooter (No. _____ St. _____ Ward)

Registration District No. 656
Primary Registration District No. 5873

File No. 24007
Registered No. 32

2. FULL NAME

Jahmil Mitchel Woods

(a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 10 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

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) Cooter

13. NAME Jahn W Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

15. MAIDEN NAME Tressie Slaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Ridge

17. INFORMANT (ADDRESS) Jahn W Woods

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 7-13 1933

19. UNDERTAKER (ADDRESS) Herman Lindt Co

20. FILED Aug 9 1933 A Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1933, to 7-12 1933

I last saw him alive on 7-12 1933. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

130

Other contributory causes of importance: Infectious Dysentery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) L E Cooper M. D. (Address) Cooter, Mo.

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 26 1933

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

