

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

Do not use this space.

26790

1. PLACE OF DEATH

47 County Jasper Registration District No. 415
Township Marquette Primary Registration District No. 4247
City Reeds Mo (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Arthur J 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 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Nov 7 - 1906

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>26</u>	<u>9</u>	<u>3</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Reeds
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm P. Woods

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newtonia
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Nancy Adkins

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

14. INFORMANT Wm P. Woods
(Address) Reeds Mo

15. FILED 8/10, 1933 Geo L Bragdon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9, 1933

17. I HEREBY CERTIFY, That I attended deceased from July 1 - 1933, to Aug 9, 1933, and that I last saw him alive on Aug 6, 1933, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syphilitic Fever

(duration) _____ yrs. 1 mos. 9 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Lab

(Signed) Geo L Bragdon, M. D.

8/10, 1933 (Address) Reeds 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 Reeds Cemetery DATE OF BURIAL Aug 11, 1933

20. UNDERTAKER Knell Mortuary ADDRESS Carthage 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.

SEP 26 1933

PARENTS

