

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

Do not use this space.

32391

**1. PLACE OF DEATH**

15 County Cameron Registration District No. 118  
Township Osair Primary Registration District No. 5769  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Albert Wade Woodall  
(a) Residence, No. Climax Springs St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 3 mos. 26 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) 5-3-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Climax Springs Mo

13. NAME Robt. Lionell Woodall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kear

15. MAIDEN NAME Maggie J. Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickery Co Mo

17. INFORMANT Robt. J. Woodall

(ADDRESS) Climax Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Climax Cemetery DATE Oct-30 1933

19. UNDERTAKER Mrs. Oscar Phillips

(ADDRESS) Climax Springs Mo

20. FILED Nov 1 1933 W. S. Windsor Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-28 1933, to Oct-29 1933

I last saw him alive on Oct-27 1933. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Laryngismus Stridulus Date of onset 10-27-33

105B

Other contributory causes of importance: Playing out in rain

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 \_\_\_\_\_, 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) W. S. Windsor, M. D.

(Address) Climax Springs 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.

NOV 10 1933

