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.

NOV 10 1933

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

Do not use this space.

32531

1. PLACE OF DEATH

24 County Clay — Registration District No. 198

2 Township ~~Fishing River~~ — Primary Registration District No. 3011

4 City Excelsior Springs (No. ..... St. ..... Ward)

File No. .....

Registered No. 132

2. FULL NAME Kate Woods

(a) Residence, No. 133 Richmond St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Chas Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1897

7. AGE: YEARS 36 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 144

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 146

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 148

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo

FATHER

13. NAME George Simons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Kate Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Mo

17. INFORMANT (ADDRESS) Charles A Wood Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington Mo DATE Oct 10 1933

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs Mo

20. FILED Oct 10 1933 Y. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933, to Oct 8 1933

I last saw her alive on Oct 8 1933. Death is said to have occurred on the date stated above, at 2:35 A m.

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

Coronary Embolism

(Child was delivered at 12:10 A.M. a few minute before death a pain slaunt her over heart and death was sudden)

(The delivery was normal)

Other contributory causes of importance:

Uterine hemorrhage after delivery.

Nephritis.

Date of onset

Name of operation none. 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? no 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? no

If so, specify

(Signed) S. R. McCracken, M. D.

(Address) Excelsior Spring Mo.