

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

Do not use this space.

37407

1. PLACE OF DEATH

County Thayer Registration District No. 653
 Townshp Hayt Primary Registration District No. 5864
 City St (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 141

2. FULL NAME

Eugene Woodrige

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Hayt

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Unknown 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Defunct
 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) Texas

13. NAME Carl Woodrige

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

15. MAIDEN NAME Miriam Hopper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) A. H. Wacker, Hayt, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cemetery DATE 11-12-33

19. UNDERTAKER (ADDRESS) Ray Mfg. Co. Hayt, Mo.

20. FILED 11-12-33 J. W. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-33 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Nov 11, 1933
 I last saw h. live alive on 11-11-33, 1933. Death is said to have occurred on the date stated above, at 10 p.m.
 The principal cause of death and related causes of importance were as follows:

Colic
1905
 Other contributory causes of importance:
MI

Date of onset 10 days

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? no
 If so, specify _____
 (Signed) William H. Hays, M. D.
 (Address) Hayt 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.

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

JAN 4 1934

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