

MAP 24 1934

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

Do not use this space.

2258-a

1. PLACE OF DEATH

County Ray  
Township Fashion River  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 743  
Primary Registration District No. 6237

File No. \_\_\_\_\_  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/24/1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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)	
FATHER	11. Total time (years) spent in this occupation.	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo</u>	
	13. NAME <u>Isiah Woods</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Bessie Jarvater</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Evert Woods</u> (ADDRESS) <u>Crick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walden Cemetery</u> DATE <u>1/30</u> 19 <u>34</u>		
19. UNDERTAKER <u>C. V. Gibson</u> (ADDRESS) <u>Crick Mo</u>		
20. FILED _____ 19 _____ Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29 1934

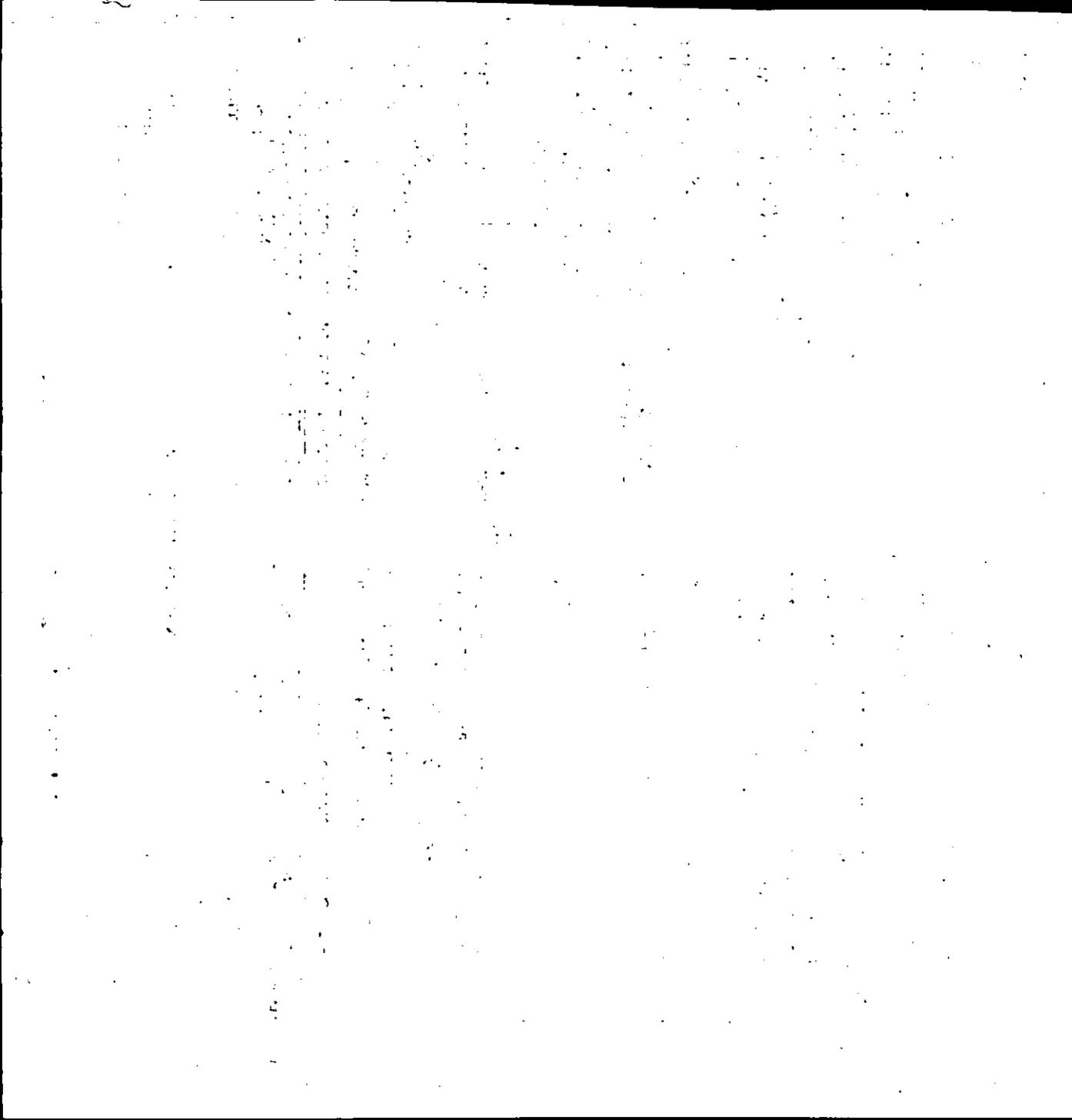
22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1934, to Jan 29 1934  
I last saw him alive on Jan 28 1934. Death is said to have occurred on the date stated above, at 8 P m.  
The principal cause of death and related causes of importance were as follows:  
(1) Coronary occlusion  
(2) Cardiac Failure  
Date of onset 1-27-34

Other contributory causes of importance:  
arteriosclerosis & sclerosis of coronary arteries

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) C. V. Gibson, M. D.  
(Address) Crick, Mo





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