

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

Do not use this space.

**MAR 24 1934**

**4730**

**1. PLACE OF DEATH**

County Howard  
Township Chariton  
City Glasgow Missouri (No. ....)

Registration District No. 379  
Primary Registration District No. 8223

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME Scott 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 85 yrs. mos. da. How long in U. S., if of foreign birth? 85 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male.</b>	4. COLOR OR RACE <b>Black.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed.</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Kate Woods.</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Kate 2-3-1849</b>		
7. AGE YEARS <b>85</b>	MONTHS <b>2</b>	DAYS <b>X</b>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Labor</b>	11. Total time (years) spent in this occupation
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not Known</b>
13. NAME <b>Not Known</b>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not Known</b>

MOTHER

15. MAIDEN NAME <b>Not Known</b>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not Known</b>

17. INFORMANT (ADDRESS) <b>Etta Marshall Cannell St Kansas City MO</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Glasgow Mo Lincoln Cemetery date 2-6 1934</b>
19. UNDERTAKER (ADDRESS) <b>Tony Hiller Glasgow Missouri</b>
20. FILED <b>3-7 1934 Pansy Temple Registrar.</b>

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1934, to 2-2, 1934.  
I last saw him alive on 2-2, 1934. Death is said to have occurred on the date stated above, at 2:00 PM.  
The principal cause of death and related causes of importance were as follows:

*acute dilatation of heart*  
*myocarditis*  
*hypertension*  
*Coronary heart block*

Date of onset

Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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) Joe W. Gardner M. D.  
(Address) Glasgow 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

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1988-7-26  
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