

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.

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

Do not use this space.  
21436 *Carls*  
File No. *Dr 203*  
Registered No. *1668*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County *Pettis*Registration District No. *698*

Township \_\_\_\_\_

Primary Registration District No. *3032*City *Sedalia*(No. *512 Wilkerson*)2. FULL NAME *Nannie Woodward*(a) Residence, No. *512 Wilkerson*

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* 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

*J. B. Woodward*

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*June 9, 1874*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*60**0**3*

## OCCUPATION

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

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

*Wife Home*

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 13. NAME

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

## 15. MAIDEN NAME

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

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *Kennett City Mo.*DATE *6/13/34*

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

*6-13-**1934**John Slack*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*June 12, 1934*

## 22. I HEREBY CERTIFY, That I attended deceased from

*May 1, 1934, to June 12, 1934*I last saw him alive on *June 4, 1934* Death is saidto have occurred on the date stated above, at *3:15* m.

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

Date of onset

*Chc Myocarditis - (Decompensated)*

Other contributory causes of importance:

*Acute Regurgitation**Chc Int. Hypertension*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Fundus* Where 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) *John B. Carls*, M. D.(Address) *314 So. 1st St. Sedalia Mo.*

