

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.

1. PLACE OF DEATH

County

Cedar

Registration District No.

168

Township

Box

Primary Registration District No.

5228

City

(No.

File No.

28623

Registered No.

63

St.

Ward)

2. FULL NAME

Josephine E 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

Female

4. COLOR OR RACE

W

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

Widow

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

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

Jan 22 1851

7. AGE

YEARS

83

MONTHS

7

DAYS

4

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

Missouri

13. NAME

J. D. Worden

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

N. Y.

15. MAIDEN NAME

Jane Peebles

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

N. Y.

17. INFORMANT (ADDRESS)

John Woods

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Coal Hill

DATE

Aug 28

1924

19. UNDERTAKER (ADDRESS)

Johns Funeral Home El Dorado Spgs Mo

20. FILED

8-27-1934

J. D. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8-26-1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 9 1934 to Aug 9 1934

I last saw her alive on *Aug 9 1934* Death is said

to have occurred on the date stated above, at *7 P. m. 8-26-34*

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

Myocarditis chronic

Date of onset

930

Q3C

Other contributory causes of importance:

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

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)

Ch. Sunderworth, D.O.

(Address)

El Dorado Spgs, Mo

200
200
200
200
200
200
200