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

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

OCT 17 1934

Do not use this space.

32956

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Haw — Primary Registration District No. 002 — Registered No. [illegible]
City Kansas City (No. General Hospital St. [illegible] Ward)

2. FULL NAME Woods Charles
(a) Residence, No. 2537 Troost St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1886
7. AGE 48 YEARS — MONTHS 2 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper
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) Kansas

FATHER
13. NAME Wm Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Jane Lynch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Record Clerk K. C. General Hosp
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE Sept. 22 1934
19. UNDERTAKER (ADDRESS) Quirk + Tobin
20. FILED 9-21 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1934, to 9-20, 1934
I last saw him alive on 9-20, 1934. Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Dilatation — Date of onset
96
Other contributory causes of importance:
Aortic Aneurysm
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
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) J. H. Jeanett, M. D.
(Address) K. C. General Hosp.