

NOV 13 1934

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

Do not use this space.

35258

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township Washington

Primary Registration District No. _____

City Saint Joseph(No. Missouri Methodist Hosp)

File No. _____

Registered No. 114

St. _____ Ward _____

2. FULL NAME

Mrs. Minnie Irene Woods(a) Residence, No. 1017 Leadore 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

White

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

Married

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

Jame Brown Woods

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

June 14, 1902

7. AGE

YEARS 32MONTHS 3DAYS 24

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)

San Antonio Missouri

FATHER

13. NAME

David Ritchey

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

Linn County Missouri

MOTHER

15. MAIDEN NAME

Laura Bachman

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

Mc. Gupman Cty. Illinois

17. INFORMANT (ADDRESS)

Mrs. Laura Kren, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Park CemeteryDATE October 9, 1934

19. UNDERTAKER (ADDRESS)

E. H. Sidenfaden, 602 South 10th Street

20. FILED

9 1934John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 193422. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1934, to 10-7-34, 1934.I last saw her alive on 10-7-34, 1934. Death is saidto have occurred on the date stated above, at 3 A. m.

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

Intestinal Obstruction - 10-5-34 Date of onset(adhesive)

Other contributory causes of importance:

Name of operation Autopsy + Relieving Obstruction Date of 10-7-34What test confirmed diagnosis? Operative 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 _____, 1934

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) Paul J. [Signature], M. D.(Address) St. Joseph, Mo.

