

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.

DEC 18 1934

39890

1. PLACE OF DEATH

County

Fayette

Registration District No.

464

File No.

16

Township

Oliver

Primary Registration District No.

4277

Registered No.

94

City

(No.

St.

Ward)

2. FULL NAME

Berdie Woodson

(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

5 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

negro.

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)

Aug 10, 1852

7. AGE

YEARS

82

MONTHS

3

DAYS

9

IF LESS than 1 day,hrs. ormin.

OCCUPATION

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

Housekeeper

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)

Fayette Co. Mo.

13. NAME

Harvey Holloway

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

Kentucky

15. MAIDEN NAME

Deora Parcel

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

Kentucky

17. INFORMANT (ADDRESS)

Jesse Johnson
Oleson Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oleson Mo.

DATE

11/72

134

19. UNDERTAKER (ADDRESS)

F. C. Husman
Oleson Mo.

20. FILED

Dec 10, 1934

M. E. M. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 17

1934

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

Nov 17, 1934, to Nov 19, 1934

I last saw him alive on Nov 14, 1934. Death is said

to have occurred on the date stated above, at 6 P. M.

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

Carcinoma of
Ovary.

Date of onset

Other contributory causes of importance:

Senility.

Name of operation

Ovary

Date of

What test confirmed diagnosis?

Autopsy

(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

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) M. E. M. Goodwin, M. D.

(Address) Oleson Mo.

