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

MAR 28 1935

Do not use this space.

6343

File No.

Registered No. 5

1. PLACE OF DEATH
County PETTIS
Township WASHINGTON
City GREEN RIDGE (No. RFD # 2 St. Ward)
Registration District No. 664
Primary Registration District No. 5884

2. FULL NAME CORA O WOODS
(a) Residence, No. GREEN RIDGE St., Ward.
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 11 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	0	5	

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

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

FATHER
13. NAME WILLIAM WELLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME MARY STALEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT MRS. H.H.HUMES
(ADDRESS) GREEN RIDGE MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE M'GEE CHAPEL DATE FEB. 19 1935

19. UNDERTAKER GILLESPIE FUNERAL HOME
(ADDRESS) SEDALIA MO.

20. FILED Feby 19 1935 G.W. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 16/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 19 to Feb 16 19 35
I last saw h.er alive on Feb 11 19 31. Death is said to have occurred on the date stated above, at 11-15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2/1/35

Other contributory causes of importance
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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, 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? No
If so, specify X
(Signed) W.A. Brookemeyer, M. D.
(Address) Sedalia Mo

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.

THIS IS A PERMANENT RECORD