

APR 9 1935

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

791

10663

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **2702**, **Ullmar**)

File No.

Registered No. **2280**

St. Ward)

2. FULL NAME **Thomas Woodson**(a) Residence, No. **2702 Ullmar** St., **21** Ward.

(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 Male	4. COLOR OR RACE col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1884		
7. AGE	YEARS	MONTHS
	51	
		DAYS
		5
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on train		
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) selma Ala		
13. NAME Peter Woodson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala		
15. MAIDEN NAME Martha Benson		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala		
17. INFORMANT (ADDRESS) Julia Benson Pope Miss.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Pope Miss. DATE Mar. 10 1935		
19. UNDERTAKER (ADDRESS) Duningham Bros. 2433 Selma Blvd		
20. FILED MAR -9 1935 J. Bredeck Registrar.		

NO MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 5** 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **7:35 A.M.**

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

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) **Harold P. Kelly**(Address) **Dep. pr.**

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.

