

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

Do not use this space.

MAY 21 1935

12050

1. PLACE OF DEATH

County Cochran Registration District No. 85

Township St. Joseph Primary Registration District No. 1001

City St. Joseph (No. 1905, Anguilegis) St. Ward

File No.

Registered No. 484

St. Ward

2. FULL NAME

(a) Residence, No. 1905 Anguilegis 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 10 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11 10. Date deceased last worked at this occupation (month and year) 11 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourmont, Texas

FATHER 13. NAME Alley Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourmont, Texas

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourmont, Texas

17. INFORMANT (ADDRESS) Georgia Woods
1905 Anguilegis

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE April 30 1935

19. UNDERTAKER (ADDRESS) Parsons Mortuary

20. FILED 4-30 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/24 - 1935 to 4/26, 1935. I last saw him alive on 4/26, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Influenza Date of onset Don't know

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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
(Signed) Feodor G. Woodson, M. D.
(Address) 216 1/2 W. No. one

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.

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