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.

MAY 25 1935

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

Do not use this space.

12186

1. PLACE OF DEATH
17 County Carrol — Registration District No. 137 — File No. [illegible]
Township Harricon — Primary Registration District No. 5795 — Registered No. [illegible]
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Paddy H. Woods
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ George Ann Woods
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-22-1852
7. AGE YEARS 83 MONTHS — DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Carrol Co. Mo

FATHER
13. NAME Burvadis Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Nancy Callaway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K

17. INFORMANT (ADDRESS) Mrs J. Shull Brookfield
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Apr 30 1935
19. UNDERTAKER (ADDRESS) C. H. Hill Brookfield Mo
20. FILED April 30, 1935 W P Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1935
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935, to April 29, 1935
I last saw h. — alive on April 28, 1935. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W P Kemp, M. D.
(Address) Hale Mo

Dr Kemp