

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**

Shelton
Do not use this space.

MAY 31 1935

13616

1. PLACE OF DEATH
 County Miller Registration District No. 561
 Township _____ Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

2. FULL NAME Lue Alley Woods

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. B. Woods</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/20/1882</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osgood, Arkansas</u>		
MOTHER FATHER	13. NAME <u>W. C. Robertson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Newberry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Mr. W. B. Woods Eldon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Pleasant Cemetery</u> DATE <u>4/10/1935</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. Ryan Eldon, Mo.</u>		
20. FILED <u>4-10</u> 19 <u>35</u> <u>L. L. Haynes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1935, to Apr 7, 1935
 Last saw her alive on Apr 7, 1935. Death is said to have occurred on the date stated above, at 6:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Heart disease
acute coronary

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?
 If so, specify _____
 (Signed) F. O. Shelton, M. D.
 (Address) Eldon Mo

