JUN 4 1935

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

Do not use this space.

14236

File No.

Registered No. 124

1. PLACE OF DEATH
County St Louis
Township Central
City Clayton (No. St Louis Co Hospital St. Ward)
Registration District No. 790
Primary Registration District No. 6033a

2. FULL NAME Woods, Susannah
(a) Residence, No. 421 N Jefferson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Col
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Isaac Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1878

7. AGE: YEARS 57 70 mo, MONTHS —, DAYS 9, If LESS than 1 day, hrs. or min.

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. Unemployed
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) Miss

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Grady Woods So Kirkwood Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Father Dickson DATE April 12, 1935

19. UNDERTAKER (ADDRESS) Slater & Humphrey Kirkwood Mo

20. FILED 4/12, 1935 Robt J Ambroth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/35, 19, to 4/10/35, 19
I last saw her alive on 4/9/35, 19. Death is said to have occurred on the date stated above, at 4 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	

Other contributory causes of importance:
Carcinoma of Pylorus
& metastases

Name of operation Gastroenterostomy Date of 12/1/34
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) James P. Medor, M. D.
(Address) 50 Carondelet Clayton

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.

MARGIN RESERVED FOR BINDING

U.S. No. 1
100M-11-24-33