

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.

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

Do not use this space.

JUL 2 2 1935

19517

1. PLACE OF DEATH
 County Grundy Registration District No. 328
 Township Trenton Primary Registration District No. 3017
 City Trenton (No. _____) St. _____ Ward _____

2. FULL NAME Henry B Woods
 (a) Residence, No. 270s Oak st St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 85 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida J. Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-23-1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>5</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired saw shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A.P. employee

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) Grundy Mo

MOTHER FATHER

13. NAME Jarvis Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Amanda DeVault

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Missouri

17. INFORMANT (ADDRESS) Ida J. Woods 270s Oak st - Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cem. Springfield DATE June 16 1935

19. UNDERTAKER (ADDRESS) Bern C. Davis # 3216 Trenton, Missouri

20. FILED 6-14 1935 Leve D. Jarr Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1935

22. I HEREBY CERTIFY that I attended deceased from May 12 1935 to June 13 1935
 I last saw him alive on May 31 1935 Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Regurgitation
and arterial sclerosis
 Date of onset 1930

Other contributory causes of importance
Extreme old age

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? No
 If so, specify _____
 (Signed) E.H. Cullers, M. D.
 (Address) Trenton Mo

