

JUL 2 21935

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

Do not use this space.

19646

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kennett Primary Registration District No. 1002
 City Kansas City (No. 3247 Mc Kee St. 230 Ward)

2. FULL NAME Walter W. Woods
 (a) Residence, No. 3247 Mc Kee St., Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. 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

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 Lattie Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>66</u>	<u>8</u>	<u>8</u>	

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

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) West Virginia

13. NAME Josiah M Woods

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

15. MAIDEN NAME Mary M^cClain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT Mrs Lattie Woods
(ADDRESS) 3247 Mc Kee

18. BURIAL CREMATION, OR REMOVAL PLACE Parker Pk. DATE JUNE 4 1935

19. UNDERTAKER (ADDRESS) W. W. Emersons Son
KANSAS CITY, MISSOURI

20. FILED 6-3 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31 1935, to June 1 1935
 I last saw him alive on June 1 1935. Death is said to have occurred on the date stated above, at 6:20 P.m.
 The principal cause of death and related causes of importance were as follows:
Acute uramic poisoning from an infected and infected prostate gland
 Date of onset May 10 1935

Other contributory causes of importance: 127 Chronic cystitis

Name of operation _____ Date of _____
 What test confirmed diagnosis Urinalysis 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) M. M. Crowe, M. D.
 (Address) 1303 Waldheim Bldg. K.C., MO.

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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Wm. W. 19 Stinger
3924 L. ...
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