

JUL 2 2 1935

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

Do not use this space.

19832

1. PLACE OF DEATH

County Jackson Registration District No. 8002
Township Rau Primary Registration District No. _____
City Kansas City (No. 3305 Drury) Ward _____

File No. _____
Registered No. 5575 Ward _____

2. FULL NAME

Hramina Woods
(a) Residence, No. 3305 Drury St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 4 mos. 1 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>Negro</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>Granmill Woods</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12 1898</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>3</u>
		DAYS
		<u>20</u>
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. <u>Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 2, 1935</u>		11. Total time (years) spent in this occupation <u>12</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stark City Arkansas</u>		
13. NAME <u>George White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stark City Arkansas</u>		
15. MAIDEN NAME <u>Francine White</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stark City Arkansas</u>		
17. INFORMANT (ADDRESS) <u>Mr. Granmill Woods 3305 Drury</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Lawn</u> DATE <u>June 19, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Metropolitan Funeral Home 1900 Brooklyn</u>		
20. FILED <u>6-17</u> 19 <u>35</u> <u>M. M. Crows, asst Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/35, 1935

22. I HEREBY CERTIFY That I attended deceased from Stark City Arkansas, 1935.
I last saw him alive on 6/4/35. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of the aorta
Myopericardium

Other contributory causes of importance:
W RV

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?
If so, specify _____
(Signed) [Signature], M. D.
(Address) [Signature]

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

225
2228

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000