

JUL 24 1935

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

Do not use this space.

20356

1. PLACE OF DEATH

County Marion
Township Boone
City Boone (No. _____)

Registration District No. 543
Primary Registration District No. 5743

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Bendak Ruth Woody

(a) Residence, No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 14 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 3

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

13. NAME Rainey C. Woody

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

15. MAIDEN NAME Paula C. Birmingham

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

17. INFORMANT (ADDRESS) Rainey Woody

18. BURIAL, CREMATION, OR REMOVAL PLACE Storer, Boone Co. Mo. 1935

19. UNDERTAKER (ADDRESS) Westphalia, Mo.

20. FILED June 24 1935 Rosa Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1935

22. I HEREBY CERTIFY, that I attended deceased from June 13 to June 18, 1935
I last saw her alive on June 18, 1935. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar)
P. F. side.
Date of onset 6/17/35

Other contributory causes of importance Peritonitis

Name of operation None 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) S. E. H. Astor, M. D.
(Address) Boone Co. Mo.

