

AUG 20 1935

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

Do not use this space.

23188

1. PLACE OF DEATH

County.....Jackson
Township.....Kaw
City.....Kansas City

Registration District No.....399
Primary Registration District No.....1002
(No. St. Joseph's Hospital)

File No.....
Registered No.....23188
St. Ward)

2. FULL NAME

John Woods

(a) Residence, No. 4314 Fairmount St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs. Sarah Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1863

7. AGE YEARS 72 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Coal
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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Sarah Woods (ADDRESS) 4314 Fairmount

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE July 22, 1935

19. UNDERTAKER Gates Funeral Home (ADDRESS) Kansas City, Kansas

20. FILED July 22, 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935, to July 19, 1935
I last saw him alive on July 19, 1935. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Local peritonitis and gangrenous loop of small intestine from intestinal obstruction due to old adhesions
Date of onset 12 7 35

Other contributory causes of importance: Toxemia and pulmonary congestion

Name of operation Bowel resection Date of July 18
What test confirmed diagnosis? operation 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? If so, specify

(Signed) Robert S. LeDard, M. D.
(Address) 919 Riado Bldg.

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.

