

JUG 6

1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24093

1. PLACE OF DEATH

County PulaskiRegistration District No. 716Township JacksonPrimary Registration District No. 5945City Brookings, Mo.

(No.)

File No.

Registered No. 9

St. Ward)

2. FULL NAME

Arthur J. Woodin

(a) Residence. No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred 28 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

Joan Woodin

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

July 4, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

78011

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired - Pensioner

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Park Rapids, Minnesota

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

Joan Woodin
Brookings, Mo.

15. FILED

7/19, 1935W. J. Hall

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 15, 1935

17. I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1935, to July 15, 1935.
that I last saw him alive on July 15, 1935, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

Cardiovascular Disease
(duration) 35 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF 0WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. M. Mallitt, M. D.July 19, 1935 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Brookings Cemetery7/17, 1935

20. UNDERTAKER

ADDRESS

J. L. Hoops & SonsGocker, 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.

