

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.

OCT 24 1935

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

Do not use this space.

29392

1. PLACE OF DEATH

County Howell
Township South Fork
City West Plains, Mo. (No. _____) St. _____ Ward _____

Registration District No. 389
Primary Registration District No. 5544

File No. _____
Registered No. _____

2. FULL NAME Luna Glass Woods

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

Length of residence in city or town where death occurred 16 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Rev. William J. Woods</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19, 1856</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>11</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Vincennes, Ind.
(STATE OR COUNTRY)

13. NAME Joe Glass

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

15. MAIDEN NAME unk.

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

17. INFORMANT Geo. M^c Cormick
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty DATE Sept. 20, 1935

19. UNDERTAKER Hal Thompson
(ADDRESS) West Plains, Mo.

20. FILED Sept 20, 1935 H. A. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Sept 18, 1935.
I last saw h. or alive on Sept 18, 1935. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
11/18/35
Date of onset _____
Other contributory causes of importance: _____

Ulcer of the Bladder 1935

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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) C. D. Gessner, M. D.
(Address) West Plains, Mo.

