

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

Do not use this space.

33310

1. PLACE OF DEATH **NOV 25 1935**

County Macon

Registration District No. 532

Township Lalata

Primary Registration District No. 4318

City Lalata (No. _____ St. _____ Ward) _____

File No. _____

Registered No. _____

2. FULL NAME Reade Woodson

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florilla Woodson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 1 7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

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) Missouri

13. NAME Jefferson Woodson

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

15. MAIDEN NAME Louisa Maple

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

17. INFORMANT (ADDRESS) Lesta Arment Lalata

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Mt DATE Oct 9 1935

19. UNDERTAKER (ADDRESS) D. Christie Lalata Mo.

20. FILED Oct 9 1935 Dr O. B. Huff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1935

22. I HEREBY CERTIFY, that I attended deceased from Sept. 28 1935 to Sept. 28 1935

I last saw him alive on Sept. 28, 1935 Death is said to have occurred on the date stated above, at 6:30 p. m.

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

Cardiac decompensation and Hypostatic pneumonia Date of onset 51

Other contributory causes of importance: Carcinoma of prostate and adjacent pelvic viscera

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? No Date of injury _____ 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no injury

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Ralph W. Gillet, M.D. (Address) La Plata, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

