

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

Do not use this space.

62

1. PLACE OF DEATH **FEB 17 1936**

County **Audrain**

Registration District No. **26**

File No. \_\_\_\_\_

Township **Mexico Mo**

Primary Registration District No. **3002**

Registered No. **11**

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **CATHYNE LEE WOODSON**

(a) Residence, No. **605 N. MADE** St. \_\_\_\_\_ Ward **PARIS, MO.**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **1** mos. **15** 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) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JOHN I. WOODSON**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 12 1859**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<b>76</b>	<b>10</b>	<b>14</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **AT HOME**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Data 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) **MONROE Co., MO.**

13. NAME **JOHN LYONS**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **N. K.**

15. MAIDEN NAME **JANE YITT.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MO.**

17. INFORMANT (ADDRESS) **Mrs. CLEYE LIPP, MEXICO, MO.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WALNUT GROVE** DATE **1/17 1936**

19. UNDERTAKER (ADDRESS) **SPEED & BLAKEY, PARIS, MO.**

20. FILED **Jan -15 1936** **Blanche Neely** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 15, 1936.**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 11 1934** to **Jan 15 1936**  
Last saw her alive on **Jan 15 1936**. Death is said to have occurred on the date stated above, at **12:20 P.M.**

The principal cause of death and related causes of importance were as follows:  
**Hypostatic pneumonia (Type undetermined)**  
**Chronic Myocarditis**  
**General arteriosclerosis**

Other contributory causes of importance:  
**Carcinoma of glands, suprascapular region left.**

Name of operation **none** Date of \_\_\_\_\_  
What test confirmed diagnosis? **phys.** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury **✓**, 19\_\_\_\_  
Where did injury occur? **none**  
(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) **McBrashan**, M. D.  
(Address) **Mexico 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.

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

DATE: 10/10/68

SUBJECT: [Illegible]

RE: [Illegible]

NY 100-100000

NY 100-100000