

MAR 23 1936

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

Do not use this space.

2110

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No. 541)

Registration District No. 541
Primary Registration District No. 541

File No. 2110
Registered No. 2110 St. Jackson Ward 1

2. FULL NAME

(a) Residence, No. 1000 Prairie St. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 3 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-20-1900</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>6</u>
	DAYS <u>1</u>	IF LESS than 1 day, <u>0</u> hrs. <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bourbon, Mo.</u>		
FATHER	13. NAME <u>William H. Woodruff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bourbon, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Emma Hanger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Haven, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Howard Woodruff, 1000 Prairie St., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Griggs Cemetery</u> DATE <u>1-22-1936</u>		
19. UNDERTAKER (ADDRESS) <u>Billie G. Goo, 1000 Prairie St., Mo.</u>		
20. FILED <u>Mar 10, 1936</u> <u>Leonia Johnson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan. 21-1936</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Dec. 16-1935</u> to <u>Jan. 21-1936</u>
I last saw <u>deceased</u> alive on <u>Dec. 16, 1935</u> Death is said to have occurred on the date stated above, at <u>11 P. M.</u>
The principal cause of death and related causes of importance were as follows: <u>Gangrene of Right Arm</u>
Other contributory causes of importance: <u>Shattered Pelvis</u>
Name of operation <u>None</u> Date of <u> </u>
What test confirmed diagnosis <u>Symptoms of Blood Sugar</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u>
Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u> </u>
Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
If so, specify <u> </u>
(Signed) <u>H. R. Ferrell</u> M. D.
(Address) <u>Billie, Mo.</u>

