

APR 18 1936

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

Do not use this space.

5627

## 1. PLACE OF DEATH

County Dolt  
Township  
City Oregon (No. ....)

Registration District No. 373  
Primary Registration District No. 4719

File No. ....  
Registered No. 10  
St. .... Ward)

## 2. FULL NAME

Sarah Woodard

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 6 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 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 Clney Woodard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
72 4 6

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. same

10. Date deceased last worked at this occupation (month and year) about April 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County Iowa

13. NAME McNair

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mr John Burger (ADDRESS) Oregon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound city DATE Feb 21 36

19. UNDERTAKER L. P. Johnson (ADDRESS) Oregon mo

20. FILED 2-18 1936 J. D. Chandler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1935, to Feb 18 1936

I last saw her alive on Jan 27 1936 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Chronic myocarditis - Date of onset 1934  
Cardiac asthma -

Other contributory causes of importance: acute rheumatism 1936

Name of operation Medical Date of no  
What test confirmed diagnosis? no 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) J. D. Chandler, M. D.  
(Address) Oregon, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

