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.

MAR 24 1936

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

Do not use this space.

6851

1. PLACE OF DEATH
County Miller
Township
City Eldon (No. , St. Ward)

Registration District No. 561
Primary Registration District No. 4330

File No.
Registered No. 12

2. FULL NAME John Alfred Woods

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ethel Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	2	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Employe
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

FATHER
13. NAME James Henry Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizebeth Jane ~~Walker~~ Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Ethel Woods
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldon DATE 2-15-36, 19

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Eldon, Missouri

20. FILED 2-14, 1936 Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/15/, 1935, to 2/13, 1936
I last saw h~~im~~ alive on 2/13, 1936 Death is said to have occurred on the date stated above, at 11:50 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
abdominal ascites	2/1/35
Other contributory causes of importance: myocarditis	2

Name of operation Date of
What test confirmed diagnosis? Clinical 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) G. D. Walker, M. D.
(Address) Eldon Mo.