

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

APR 21 1936

Dr. Murphy
Do not use this space.
11582
File No.
Registered No. *101*

1. PLACE OF DEATH

County *Marion* Registration District No. *547*
Township *Mason* Primary Registration District No. *3029*
City *Linnibal* (No. *3003*, *St. Marys Ave.*) St. Ward

2. FULL NAME

Bertha Herbert Woods
(a) Residence, No. *3003 St. Marys* St. Ward

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Dr. R. H. Woods</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 31 1879</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>9</i>
	DAYS <i>29</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Queen City Missouri</i>		
FATHER	13. NAME <i>Hermann Herbert</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Bertha Ruesch</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>	
17. INFORMANT (ADDRESS) <i>Dr. R. H. Woods Linnibal Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Mo.</i>		
PLACE <i>Queen City</i> DATE <i>April 1 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Wm. M. Smith Linnibal Mo</i>		
20. FILED <i>Apr 30 1936 R. H. Isbitt Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 30 1936*

22. I HEREBY CERTIFY, That I attended deceased from *March 10 1936*, to *March 30 1936*

I last saw him alive on *March 20 1936* Death is said to have occurred on the date stated above, at *12:40 P.M.*

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

Date of onset *53*

Other contributory causes of importance:
Carcinoma of Bladder Epilepsy

Name of operation *None* Date of

What test confirmed diagnosis? *Heart* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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) *W. G. Murphy*, M. D.
(Address) *101 A Broadway*

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.

