APR 23 1936

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

(Dr [illegible])

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

11920

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No.
Township — Primary Registration District No. 4403 — Registered No. 33
City Rolla (No. , St. Ward)

2. FULL NAME Perry 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 Male
4. COLOR OR RACE White
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED (write the word)~~ Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1925
7. AGE YEARS 10 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Rolla Mo

FATHER
13. NAME Claude Woods.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Mo

MOTHER
15. MAIDEN NAME Gertrude Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Venice Ill.

17. INFORMANT (ADDRESS) Claude Woods. Rolla Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Mo DATE 3/25 1936
19. UNDERTAKER (ADDRESS) Harry R. McCaw Rolla Mo
20. FILED March 25 1936 Jos. F. Ayers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Mar 23, 1936
I last saw him alive on Mar 23, 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Tumor liver — Date of onset 1-18-36
Probably Sarcoma

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? None 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) S L Mitchell, M. D.
(Address) Rolla 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.