

MAY 15 1936

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

Do not use this space.

14019

1. PLACE OF DEATH

County BatesRegistration District No. 11Township WalnutPrimary Registration District No. 5057City Foster

(No. _____)

St. _____

Ward _____

2. FULL NAME Prudence Elizabeth Woodfin(a) Residence, No. Foster St., Mo. Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If nonresident, give city or town and State)

(If nonresident, give city or town and State)

yrs.

mos.

ds.

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

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

Nov. 5 - 1848

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

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)

Bates County, Mo.

MOTHER/FATHER

13. NAME Oliver Perry Miller

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

Bates County, Mo.15. MAIDEN NAME Charlotte Bryant

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

Missouri

17. INFORMANT (ADDRESS)

Leroy Risson Foster Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE WoodfinDATE 4/2236
19

19. UNDERTAKER (ADDRESS)

Calligaris Miller Mo.

20. FILED

4/201936Mrs. E.B. Vickers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1936, to April 18, 1936I last saw her alive on April 18, 1936 Death is saidto have occurred on the date stated above, at 6:10 p.m.

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

Cardiac decompensation 1930

Date of onset

Other contributory causes of importance:

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) H.S. Claypool D.O., M.D.(Address) Hume 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

