

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

Do not use this space.

MAY 19 1936

15162

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 7428 Wyoming)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1872 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles M. Woodward

(a) Residence, No. 7428 Wyoming St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13/36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Woodward

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1876

I last saw him live on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS 59 MONTHS 7 DAYS 16 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grain  
10. Date deceased last worked at this occupation (month and year) 4-3-36 11. Total time (years) spent in this occupation 36

Sunstroke  
of the head,  
Date of onset \_\_\_\_\_

Other contributory causes of importance: W 167

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

13. NAME J. J. Woodward

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 5-13-36

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

Where did injury occur? 7428 Wyoming St. Kansas City  
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Martha Tidrow

Manner of injury Trauma by means  
Nature of injury \_\_\_\_\_

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

17. INFORMANT L. W. Woodward (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Auburn DATE 4-8 1936

19. UNDERTAKER Suddarth-Burkman (ADDRESS) 6900 Trenton Ave

20. FILED 4-8 1936 M. M. Crume, asst Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D. (Address) \_\_\_\_\_

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.

