MAY 19 1936

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

Do not use this space.

15319

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2036

City Kansas City (No. 529, Highland St. Ward)

2. FULL NAME William Semple Woods

(a) Residence, No. St., Ward. Monte Vista, Colo.
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1870

7. AGE — YEARS: 65 — MONTHS: 10 — DAYS: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mortician
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) April 1936
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport, Ia.

FATHER

13. NAME S. W. S. Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

MOTHER

15. MAIDEN NAME Lynn Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

17. INFORMANT (ADDRESS) Mrs. Wm. S. Woods

18. BURIAL, CREMATION, OR REMOVAL Monte Vista
PLACE Monte Vista, Col. DATE 4-16 1936

19. UNDERTAKER (ADDRESS) Gibson & Son Kansas City, Kans.

20. FILED Apr 16, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1936 to Apr. 16, 1936
I last saw him alive on Apr. 16, 1936 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Esophageal hemorrhage	4/16
Myocardial failure	
1246	

Other contributory causes of importance:
Cirrhosis of liver

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) Ralph Emerson Duncan, M. D.
(Address) 909 Argyle Bldg Kansas City Mo.

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

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.