

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

Do not use this space.
15781

1. PLACE OF DEATH

County Knox Registration District No. 441
Township Edina mo Primary Registration District No. 4259
City Edina mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Sandford Woodard
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Miller Woodard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 - 1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>11</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

Farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fleming Ky.

13. NAME John Woodard

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

15. MAIDEN NAME Sally Anderson

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

17. INFORMANT (ADDRESS) Levi Woodard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Terre Haute DATE April 18 1936

19. UNDERTAKER (ADDRESS) Triggshauer Bros Edina mo

20. FILED April 16 1936 Mrs C.M. Smith 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 April 15th to April 16 1936
I last saw him alive on April 16 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Cancer of stomach Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. S. Linnell M. D.
(Address) Edina mo

WRITE 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.

