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.

JUL 31 1936

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

Do not use this space.

27811

1. PLACE OF DEATH
County St Francois — Registration District No. 779 — File No.
Township Randolph — Primary Registration District No. 6024a — Registered No.
City ~~Desloge~~ (No. , St. Ward)

2. FULL NAME Harland Woodruff
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) St Louis

FATHER
13. NAME John Woodruff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge

MOTHER
15. MAIDEN NAME Rolla Conway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Mountain Mo.

17. INFORMANT (ADDRESS) John Woodruff Desloge

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Francois Mo DATE 7/25 1936

19. UNDERTAKER (ADDRESS) C Z Boyer Desloge

20. FILED 8-30 1936 W. P. Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22 1936, to July 22, 1936
I last saw him alive on July 22, 1936 Death is said to have occurred on the date stated above, at 9:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema glottis + trachea from inhalation Coal-oil	July 22

179

Other contributory causes of importance: congestion lung

Name of operation no Date of
What test confirmed diagnosis? clinical 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 July 22, 1936
Where did injury occur? Desloge Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Drinking Coal-oil
Nature of injury Aspiration Coal oil into lung

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harold O Gaebel, M. D.
(Address) Desloge Mo