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.

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

SEP 24 1936

Do not use this space.

33809

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 293
City Fulton (No. , St. Ward)

2. FULL NAME Mrs Handy Woods
(a) Residence, No. Rocheport Mo. 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: F
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dave Woods
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DK
7. AGE: YEARS 72 — MONTHS dk — DAYS dk — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

FATHER
13. NAME: DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dk

17. INFORMANT (ADDRESS): Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rocheport, Mo. DATE Sept 17, 1936
19. UNDERTAKER (ADDRESS) Stuart J. Carter Columbia Missouri
20. FILED 9-15, 1936 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to Sept 15, 1936
I last saw her alive on Sept 14, 1936. Death is said to have occurred on the date stated above, at 3:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with myocardial degeneration	dk
Other contributory causes of importance: senility	dk

Name of operation — Date of
What test confirmed diagnosis? — 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) E. E. Landis, M. D.
(Address) Fulton Mo.