

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

Do not use this space.

**1. PLACE OF DEATH** *OCT 21 1936*  
 County *Green* Registration District No. *318*  
 Township *Cancelled* Primary Registration District No. *204*  
 City *Springfield* No. *Baptist Hosp* St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** *Woodland, Mrs Jess*  
 (a) Residence, No. *Harrison, Arkansas* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.

File No. *34158*  
 Registered No. *790*

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** *Female* **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** *J. W. Woodland*

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *Oct 10, 1896*

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, .....hrs. or .....min.</b>
<i>39</i>		<i>11</i>	<i>2</i>	

**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.**  
**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)** *Bataavia Arkansas*

**FATHER**  
**13. NAME** *Byrd Hayes*  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Not known*

**MOTHER**  
**15. MAIDEN NAME** *Nancy Jenkins*  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Cahoon Arkansas*

**17. INFORMANT (ADDRESS)** *Mrs. J. W. Woodland Harrison, Arkansas*

**18. BURIAL, CREMATION, OR REMOVAL PLACE** *Harrison Ark* **DATE** *9-14-1936*

**19. UNDERTAKER (ADDRESS)** *Christian Undertaker Harrison, Arkansas*

**20. FILED** *9-12-1936* *D. Chas a George Registrar*

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *9-12-1936*

**22. I HEREBY CERTIFY, That I attended deceased from** *9-9-1936*, to *9-12-1936*

I last saw h. *alive on 9-11-1936* Death is said to have occurred on the date stated above, at *8 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Anemia secondary* *3yr2*

**Other contributory causes of importance:**  
*Fibroid uterus*  
*Abscess ovaries*  
*no malignancy*  
*Hysterectomy*

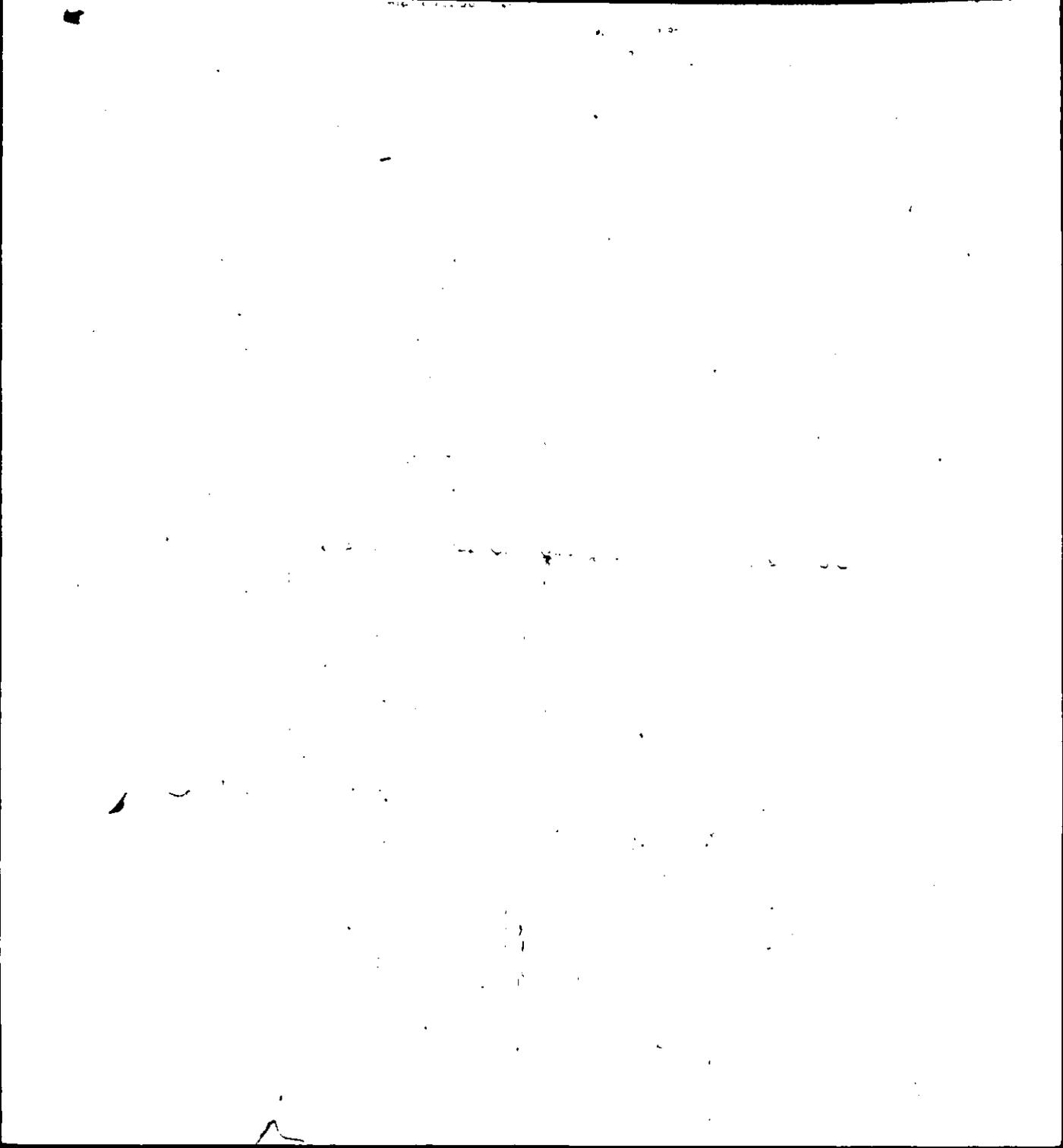
**Name of operation** *Hysterectomy* **Date of** *8/23/36*  
**What test confirmed diagnosis?** *Was there an autopsy?*

**23. If death was due to external causes (violence), 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) *Robert Slyn*, M. D.  
 (Address) *Springfield mo*

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.



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**1. PLACE OF DEATH**

County Greene

Registration District No. 318

File No. \_\_\_\_\_

Township Springfield

Primary Registration District No. 2001

Registered No. 1790

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Howard Mrs Jess

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12 1936

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs: min  
7 11 2

The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.  
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 \_\_\_\_\_

Other contributory causes of importance:  
Fibroid uterus  
abscessed ovaries  
cause of abscess not determined

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violent), list in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

If so, specify (Signed) Robert Glynn M. D.  
(Address) Springfield mo

20. FILED 11-23- 1936 Chas A George md Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If the decedent is a minor, the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**SUPPLEMENT**

S-34158