OCT 5 1936

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

Do not use this space.

36028

File No. 9653

Registered No.

Registration District No. 1008

Primary Registration District No. 791

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5022 Cates Ave. St. Ward)

2. FULL NAME Harry Maitland Woods

(a) Residence, No. 5022 Cates Ave. St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3rd, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (P.W.A)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

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) Canada

FATHER

13. NAME Peter Woods

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

MOTHER

15. MAIDEN NAME Mary Down

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

17. INFORMANT Margaret Woods
(ADDRESS) 5022 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cremat. DATE Sept. 24, 1936

19. UNDERTAKER Drehmann Vand
(ADDRESS) 1905 Union Blvd.

20. FILED SEP 22 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from January, 1906, to Sept. 22, 1936

I last saw him alive on Sept. 18, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Angina Pectoris	1929
O H D	

Other contributory causes of importance:

Aortitis ~~Nodosa~~ Syphilis	1930
Arteriosclerosis	1932

Name of operation Date of

What test confirmed diagnosis? X ray 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) [illegible] M. D.

(Address) 2435 N. Grand Ave.

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.

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