

JAN 19 1937

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

Do not use this space.

41539

1. PLACE OF DEATH

County Jackson
Township Kear
City Kearney (No. Levee Hosp # 2)

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 5231
St. _____ Ward _____

2. FULL NAME

Willie Woods

(a) Residence, No. unknown 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 60

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cannon Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. heel Barren
10. Date deceased last worked at this occupation (month and year) Coal Co 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Coroner's Record

18. BURIAL, CREMATION, OR REMOVAL Keokuk, Iowa

19. UNDERTAKER (ADDRESS) Thyng & Greenleaf KC Mo

20. FILED Dec 4 1936 M. M. Crome
Registrar.

MEDICAL CERTIFICATE OF DEATH

7:30am

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-36 . 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
Deputy Coroner
Death is said to have occurred on the date stated above, at 7:30 AM.
The principal cause of death and related causes of importance were as follows:

Chr. fibrous Myocarditis
Acute Pulmonary Edema
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Exp Was there an autopsy? Yes

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? Yes
If so, specify Lucian J. Richardson D.
(Signed) _____ (Address) 1832 Vine

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.

