

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

Do not use this space.

JAN 8 1937

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township

Primary Registration District No. 4095

City Eldorado Springs (No.)

File No. 44079

Registered No. 65

St.

Ward)

2. FULL NAME

(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

3. SEX

male

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

Jane Woody

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

March 24 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

66

8

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Missouri

MOTHER FATHER

13. NAME

Terrell Woody

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

Ind

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Earl Woody

Eldorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Martin (com)

DATE

12/16/1936

19. UNDERTAKER

(ADDRESS)

Gwinn-Siders

Eldorado Springs, Missouri

20. FILED

12/13/1936

G.W. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-14

1936

22. I HEREBY CERTIFY, That I attended deceased from

June 14

1936

to 12-8

1936

Last saw him alive on 12-8

1936

Death is said to have occurred on the date stated above, at 6:00 P. M.

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

Partial Insufficiency

Date of onset

Other contributory causes of importance:

General Dropsy

Name of operation None

Date of

What test confirmed diagnosis? Clin. Exam

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No

Date of injury

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

G.W. Richardson

M. D.

