

Jan 9 1936

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

Do not use this space.

44130

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Expelsior Springs St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James Murel Woods
(a) Residence No. 438 Tolly 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 Alice Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 - 1891

7. AGE YEARS 45 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Line Foreman Missouri Power & Light Co.

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) Nov 1936 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Mo.

13. NAME John R. Woods

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

15. MAIDEN NAME Rachel Tarwater

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

17. INFORMANT Mrs Alice Woods (ADDRESS) Expelsior Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odell's Cemetery DATE 12-3 1936

19. UNDERTAKER John C. Prather (ADDRESS) Expelsior Springs Mo.

20. FILED 12-1- 1936 Wm. R. McCarroll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936 to Dec 1, 1936
I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:45 A.M.

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

Crossed heart Date of onset _____
lesions

Other contributory causes of importance: None known

Name of physician _____ Date of _____
Was case confirmed diagnosis? Yes 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 _____, 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?
If so, specify _____

(Signed) W. E. Prather M. D.
(Address) Expelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

