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
JAN 19 1937 CERTIFICATE OF DEATH

Do not use this space.

44858

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 5038
City Kansas City (No. 3515 Park St. Ward)

2. FULL NAME Miss Myrtle May Woodling
(a) Residence, No. 3515 Park 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-15-1878
7. AGE: YEARS 58 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jenkins Music
10. Date deceased last worked at this occupation (month and year): present
11. Total time (years) spent in this occupation: 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S Dakota

FATHER
13. NAME: Henry W Woodling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Logansport Indiana

MOTHER
15. MAIDEN NAME: Ella S Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Miner W Woodling 235 Ward Park Way
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec. 16 1936
19. UNDERTAKER (ADDRESS): D. W. Newcomer's Son's Kansas City, Mo.
20. FILED 12-16 1936 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 14 - 1936
22. I HEREBY CERTIFY That I attended deceased from Dec 13 1936, to Dec 14 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:15 A.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage — Date of onset 12/12/36
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? Seminal 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 No, 19
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) Eugene Carbaugh, M. D.
(Address) 714 Bryant

714 Bryant - 1-6