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

Do not use this space.

45429

JAN 20 1937

File No.

Registered No. 179

1. PLACE OF DEATH

County Livingston — Registration District No. 5 & 6

Township — Primary Registration District No. 3026

City Chillicothe, Mo. (No. ..... Hospital ..... St. ..... Ward)

2. FULL NAME Dr. Elmer Marion Wooden

(a) Residence, No. ..... Chillicothe ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 12 mos. 12 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~~ Mrs Gipsie Wooden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	10	24	

OCCUPATION

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

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) Dec. 8 - 1936

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

FATHER

13. NAME Jefferson Wooden

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

MOTHER

15. MAIDEN NAME Samira Maple

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

17. INFORMANT Roland Wyllam Wooden (ADDRESS) Shenandoah, Iowa.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bogard, Mo. DATE Dec. 13 1936

19. UNDERTAKER E. A. Dickerson (ADDRESS) Bogard, Mo.

20. FILED Dec. 12, 1936 Ronald M. Powell M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 12 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 12 - 8 -, 1936, to 12 - 12 -, 1936

I last saw him alive on 12 - 11 -, 1936 Death is said to have occurred on the date stated above, at 3 35 Am.

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

	Date of onset
Lacerated and Contused Brain with Skull Fracture, Compound Fracture Right Knee, Multiple Lacerations, Contusion with Automobile	

Other contributory causes of importance: Mule on highway

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury 12-8-1936

Where did injury occur? Carroll County Mo
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. Public highway

Manner of injury Automobile Collision with mule

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Physician taken Professional visit

(Signed) Ronald M. Powell, M. D.

(Address) Chillicothe Mo

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.

WRITE PLAINLY WITH UNFADING INK. THIS IS IMPORTANT.