MAR 19 1937

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

Do not use this space.

6070

File No.

Registered No. 3

1. PLACE OF DEATH

County: Howard — Registration District No. 377

Township: Boonslick — Primary Registration District No. 4244

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mike Woods

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

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~~ Mary F. Morton Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71.	/	25	

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) 1934

11. Total time (years) spent in this occupation, Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co.

FATHER

13. NAME Christopher Woods

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

MOTHER

15. MAIDEN NAME Susan Wilkerson Woods

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

17. INFORMANT (ADDRESS) Mrs Mary F. Woods Glasgow Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonhomme DATE 2/5/37, 19

19. UNDERTAKER (ADDRESS) Geo Lawrence Fayette Mo.

20. FILED 2-16, 1937 Ora Blair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1937, to 2-14, 1937

I last saw him alive on 2-13, 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

	Date of onset
myocarditis with decompensation	1934
AHC	
Other contributory causes of importance: generalized anasarca senility	Jan. 37

Name of operation none 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? ..... 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? no

If so, specify

(Signed) J. R. Coffman, M. D.

(Address) Fayette 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.