

WAR 131937

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

Do not use this space.

6213

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City Kansas City (No. 921 E. 17th) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Georgia Pearl Jackson Woods
(a) Residence, No. 921 E. 17th St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 48 1 4

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At Home
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) Springfield, Mo.

13. NAME Mike Logwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, Texas

15. MAIDEN NAME Amanda Northcutt

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

17. INFORMANT (ADDRESS) Urban & Matilda Kester
921 E. 17th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland DATE 2-1-37

19. UNDERTAKER (ADDRESS) Hatkins Bros
1729 Lydia

20. FILED 2/1/37 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937

22. I HEREBY CERTIFY That I attended deceased from 10/28, 1936 to 1-29, 1937

I last saw her alive on 1-29-1937 Death is said to have occurred on the date stated above, at H. 498

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

Squamous cell carcinoma of cervix uteri.

Other contributory causes of importance:

Sepsis. 48

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? _____ 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 no

(Signed) E. J. Williams M. D.

(Address) 1618 Lydia

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.

