

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township Pilot Grove
City Pilot Grove (No. _____)

Registration District No. 222
Primary Registration District No. 4135

File No. 11689
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Thomas Woods
(a) Residence, No. Pilot Grove, 7220 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar., 14, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11 - 1860
7. AGE YEARS 77 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

22. I HEREBY CERTIFY, That I attended deceased from 3 - 16 - 1937, to 3 - 16 - 1937

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

I last saw h. l. m. alive on 3 - 16 - 1937. Death is said to have occurred on the date stated above, at 11 a. m.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

10. Date deceased last worked at this occupation (month and year) Mar. 18, 1937 11. Total time (years) spent in this occupation 50

Coronary Sclerosis with Myocardial Degeneration 2/4/37

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Missouri

Other contributory causes of importance:

13. NAME A. E. Woods

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? _____ Was there an autopsy? Y.E.S.

15. MAIDEN NAME Mary Rector

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

16. BIRTHPLACE (CITY OR TOWN) Bronville (STATE OR COUNTRY) Missouri

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT Zade Woods (ADDRESS) Pilot Grove, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE 3 - 18 - 37

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER Hays - Theckline Co. (ADDRESS) Pilot Grove, Mo.

Manner of injury _____

20. FILED Mar. 17, 1937 Mrs. E. B. McUtchen Registrar.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) J. C. Boly, M. D.

(Address) Pilot Grove, Mo.

Every item of information should be carefully supplied. A CE should be stated where appropriate. If occupation is not stated, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

