

JUL 26 1937

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

Do not use this space.

23091

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Woodard*

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

7. AGE YEARS *72* MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER FATHER 13. NAME *Sam Woodard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Parley Fly.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT (ADDRESS) *O. J. Woodard, Butterfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clark* DATE *June 11 1937*

19. UNDERTAKER (ADDRESS) *Blankenships Purdy, Mo.*

20. FILED *6/29/37* Registrar *W. H. Blankenship*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 9 1937*

22. I HEREBY CERTIFY That I attended deceased from *Feb 20th 1936*, to *June 9th 1937*

I last saw him alive on *June 8th 1937*. Death is said to have occurred on the date stated above, at *1:00 A.M.*

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

Coronary Thrombosis Date of onset *6-1-37*

Other contributory causes of importance: *my*
arteriosclerosis
tertiary syphilis

Name of operation Date of operation
What test confirmed diagnosis? *Phy* Was there an autopsy?

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 *1*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *J. S. Baldwin* M. D. (Address) *Purdy Mo.*

WHITE PAPER WITH UNWRAPPING MARKS IS A PERMANENT RECORD

I X9314

Handwritten notes, possibly a list or index, with several lines of text.

Handwritten notes, possibly a list or index, with several lines of text.

Handwritten word or phrase, possibly "The".

Handwritten notes, possibly a list or index, with several lines of text.

Handwritten notes, possibly a list or index, with several lines of text.

Handwritten notes, possibly a list or index, with several lines of text.

Handwritten notes, possibly a list or index, with several lines of text.