

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

Do not use this space.

AUG 20 1937

1. PLACE OF DEATH
20 County Cedar Registration District No. 163
Township Eldorado Spg No. Primary Registration District No. 4095
City Eldorado Spg No. Registered No. 47 St. _____ Ward) _____

2. FULL NAME Sandra Sue Woods
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from July 21, 1937, to July 21, 1937. I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 4:10 m. The principal cause of death and related causes of importance were as follows:

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

Premature Birth Date of onset _____
Other contributory causes of importance: 15A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eldorado Spg mo
13. NAME Kenneth Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry co mo

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

15. MAIDEN NAME Geraldine Wickel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia mo
17. INFORMANT (ADDRESS) Mrs. E. E. Wood
Eldorado Spg mo

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. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE July 22, 1937
19. UNDERTAKER (ADDRESS) Carolyn Hufus
Eldorado Spg mo

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) W. D. Reyster, M. D.
(Address) Eldorado Springs mo

20. FILED 7-22-1937 J. W. Dawson Registrar.

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.

OCCUPATION
MOTHER
FATHER

