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.

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

Do not use this space.

SEP 25 1937 4

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City ~~Farmington, Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 31619
Registered No. 141

2. FULL NAME Lena Woodward
(a) Residence, No. St. James, Mo. 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF J. B. Woodward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1894

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	1	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Tennessee

FATHER
13. NAME A. L. Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee

MOTHER
15. MAIDEN NAME Nancy Estes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hashnic Cemetery DATE Aug. 13, 1937
St. James, Mo.

19. UNDERTAKER L. J. Jonas & Son
(ADDRESS) Steelville, Mo.

20. FILED Aug 14, 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to August 10, 1937
I last saw her alive on August 10, 1937. Death is said to have occurred on the date stated above, at 4:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox, Paranoid Type	1932
144a	
Other contributory causes of importance:	
Bronchopneumonia, aspiration	8/10/37
Pellagra	Feb 1937

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? Accident Date of injury Aug 10, 1937
Where did injury occur? Farmington, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On ward of State Hospital #4
Manner of injury Aspiration of food during force feeding
Nature of injury Bronchopneumonia, aspiration

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. C. Ault, M. D.
(Address) Farmington, Mo.