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.

OCT 25 1937

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

Do not use this space.

35093

1. PLACE OF DEATH
County Ray
Township
City Lawson (No. , St. Ward)
Registration District No. 742
Primary Registration District No. 4444
File No.
Registered No.

2. FULL NAME John William Woodroof
(a) Residence, No. St., Ward. Excelsior Springs, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. 15 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Susie Ann Woodroof
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14-1851
7. AGE: YEARS 80 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huston Ville Ky

FATHER
13. NAME Richard Woodroof.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Martha Runnels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Hattie Denton
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill Bay Co. Mo. DATE 9-9 1937
19. UNDERTAKER (ADDRESS) Claude Prichard Excelsior Springs, Mo.
20. FILED Sept-8 1937 Edwin S. House, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1937, to Sept. 7, 1937
I last saw him alive on Sept. 7, 1937. Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage in Broca's area resulting in Right hemiplegia
General Arteriosclerosis

Date of onset

Other contributory causes of importance:

82a

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? No.
If so, specify
(Signed) Bletus E Buehrer, M. D.
(Address) Lawson Mo.

7 P.m.