NOV 29 1937

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

Do not use this space.

38068

File No.

Registered No. 119

1. PLACE OF DEATH
County Lawrence
Township So. Mt Vernon
City Mt Vernon (No. , St. Ward)

Registration District No. 470
Primary Registration District No. 3633

2. FULL NAME David Newton 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 92 yrs. mos. ds. 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~~ Marguritte Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 5 - 1845

7. AGE: YEARS 92 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
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) Mt Vernon, Mo
(STATE OR COUNTRY) Lawrence Co

FATHER
13. NAME John Blackburn Woods
14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Martha Pace
16. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

17. INFORMANT Vernon Woods
(ADDRESS) Mt Vernon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Woodsland Ce DATE Oct 25 1937

19. UNDERTAKER Geo B Orr
(ADDRESS) Mt Vernon Mo

20. FILED Oct 25 1937 P. A. Holmes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935, to Oct 23 1937
I last saw him alive on Oct 10 1937. Death is said to have occurred on the date stated above, at 8:40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile General debility	
no one particular disease	

Other contributory causes of importance:

105

Name of operation none Date of
What test confirmed diagnosis? 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

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

(Signed) P. A. Holmes, M. D.
(Address) Mt Vernon