

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Independence  
City Kennett, Mo. (No. ....)

Registration District No. 288  
Primary Registration District No. 5406

File No. 41187  
Registered No. ....  
St. .... Ward

2. FULL NAME

John Colman Woods

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lula Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1877

7. AGE YEARS 60 MONTHS 6 DAYS 23 If LESS than 1 day, .... hrs. or .... min.

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

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) Nov 12 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Way to ask Green

13. NAME John Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Woods (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca DATE Nov 19 1937

19. UNDERTAKER H. H. ... (ADDRESS) ...

20. FILED 11-19-37 1937 Thurman ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw him ... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

Unattended by a Physician  
De Compensation of the  
Heart.

Other contributory causes of importance: Over work

Name of operation ... 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? ... 3

If so, specify George G. Gelmore D.O. (Signed) ... M.D. (Address) ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state every name of diagnosis should be carefully supplied.

35

29

1

2  
1

MEMORANDUM FOR THE SECRETARY OF DEFENSE  
SUBJECT: [Illegible]

[The remainder of the page contains extremely faint and illegible text, likely a memorandum or report, with several paragraphs of text that cannot be transcribed accurately.]