DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Morgan — Registration District No. 598 — File No. 41928
Township ~~Morgan~~ — Primary Registration District No. 4355 — Registered No. 42
City Versailles (No. ..... St. ..... Ward)

2. FULL NAME Mary Eliza Woods
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F M
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 Edward B Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	68	7	16	

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) Fayette, Mo

FATHER
13. NAME John Farris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Eliza Coppage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) E. B. Woods Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles Mo DATE Nov 30, 1937

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo

20. FILED Nov 29, 1937 W E Hulett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov 28, 1937
I last saw her alive on Nov 28, 1937 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset Nov 15-37

Other contributory causes of importance:
Chronic interstitial nephritis 1925

Name of operation — Date of —
What test confirmed diagnosis Clinical history 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) A J Gunn, M. D.
(Address) Versailles Mo.

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.