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

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Do not use this space.

File No. 2591
Registered No.

1. PLACE OF DEATH

32 County DeKalb.
Registration District No. 259
Township Camden.
Primary Registration District No. 4156
City Amity. (No. , St. Ward)

2. FULL NAME Mary Alice Woodring. 365

(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 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 Louis J. Woodring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	2	11	

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) DeKalb Co. Missouri. 0

FATHER

13. NAME George Kerns. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. 1

MOTHER

15. MAIDEN NAME Flavia Colvin.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) L. J. Woodring, Amity, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amity Cem. DATE Jan. 30, 1938

19. UNDERTAKER (ADDRESS) U. G. Pilcher, Maysville, Mo.

20. FILED 1/29-38 Ethel L. Bowen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to Jan. 28, 1938
I last saw her alive on Jan. 27, 1938. Death is said to have occurred on the date stated above, at 1:15am.
The principal cause of death and related causes of importance were as follows: Date of onset
Chronic myocarditis

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Other contributory causes of importance:

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

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24. Was disease or injury in any way related to occupation of deceased?
If so, specify 3 D.O.
(Signed) M. D.
224 (Address) Maysville, 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.