

REC'D MAR 15 1938

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

6205

Do not use this space.

1. PLACE OF DEATH
 2 (a) County Butler Registration District No. 89
 2 (b) Township Poplar Bluff Primary Registration District No. 3007 Registered No. 29
 2 (c) City Poplar Bluff (d) Street No. South E Street - Poplar Bluff St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar W. Woods, 320
 (a) Residence, No. South E Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Mamie Lou Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unclear 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 42 ? ?

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

9. Industry or business in which work was done, as 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) Alabama

13. NAME John Woods

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

15. MAIDEN NAME Ada Campbell

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

17. INFORMANT Mamie Woods
 (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb. 22, 1938

19. FUNERAL DIRECTOR Greer Funeral Service
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 2/22 1938 Obitsinger
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938 to Feb 19, 1938

I last saw him alive on Feb 9, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Tubercular Peritonitis? Date of onset Jan 1 - 38

Other contributory causes of importance:

Name of operation none Date of no
 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) A. R. Beckner, M. D.

(Address) Poplar Bluff Mo.

STATEMENT BY LICENSED EMBALMER

I, Grover W. Greer, Licensed Embalmer No. 2964

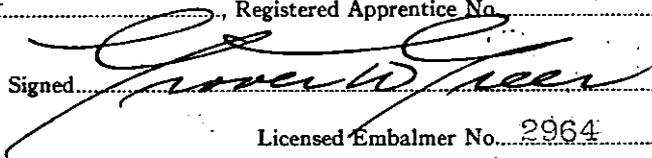
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2964 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2964

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)