WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-2-38-36 I X7294

DEC'D MAR 23 1938

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

Do not use this space.

7983

1. PLACE OF DEATH
County Ripley 2/1 Registration District No. 707 File No. 70
Township Illinois Primary Registration District No. 5990 Registered No. 1363
City Naylor (No. ..... St. ..... Ward)

2. FULL NAME Andrew Lightner Woods 3.20
(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 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 Lillie Woods
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1885
7. AGE YEARS 52 MONTHS 5 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Wintzville Mo.
FATHER
13. NAME Andrew Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wintzville Mo.
MOTHER
15. MAIDEN NAME Pacience Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wintzville Mo.
17. INFORMANT (ADDRESS) Lillie Woods. Naylor Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Naylor DATE 1-3-38 19
19. UNDERTAKER (ADDRESS) Minnie Gish Naylor, Mo.
20. FILED 1/3 1938 H Emmett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2- 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938, to Jan 2 1938
I last saw him alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:
apoplexy
8 2 a 1
Date of onset 1/2 '38
Other contributory causes of importance: possibly a hypertension
Name of operation none Date of
What test confirmed diagnosis? 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) H Emmett, M. D.
(Address) Naylor Mo