Mc-Cracken.

REC'D APR 19 1938

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

Do not use this space.

10453

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs Mo.
Registration District No. 198
Primary Registration District No. 2011
File No. 41
Registered No.
St. Ward)

2. FULL NAME Alvin Erie Woods. 320
(a) Residence, No. 515 Park. St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
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 Fannie Woods.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1879
7. AGE YEARS 59 MONTHS 2 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.
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) Feb. 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. Ray Co.

FATHER
13. NAME Joe Woods.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

MOTHER
15. MAIDEN NAME Nancy Ann McGuire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Garden DATE March 27, 1938
19. UNDERTAKER (ADDRESS) Hybert Hope. Excelsior Springs.
20. FILED Mch. 31 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1938, to 3-25, 1938
I last saw him alive on 3-25, 1938. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage — Date of onset 3-18-38
Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? physical findings + Symptoms Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no. 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) S. R. McCracken, M. D.
180 (Address) Excelsior Springs Mo.

N. B.—Every item of information should be given. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that a legal death certificate may be filed. AGE, birthplace, and kind of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

10453

Do not use this space.

1. PLACE OF DEATH

(a) County: Clay — Registration District No.: 198

(b) Township: — Primary Registration District No.: 3011 — Registered No.:

(c) City: Excelsior Spgs. (d) Street No.: 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: Alvin Erie Woods

(a) Residence, No. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE: Years 59 — Months 2 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT: Mrs. A. E. Woods (Fannie) (ADDRESS) Excelsior Spgs. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mch. 28, 1938 Lorena McCracken *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-1938

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

I last saw h.... 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:

	Date of onset

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. R. McCracken, M. D.

(Address) Excelsior Springs Mo

SUPPLEMENTARY