

1930 JUL 19

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

21747
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township _____ Primary Registration District No. 4164 Registered No. 43
(c) City Salem (d) Street No. _____ St. _____
(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

Mrs Elizabeth Jane Woodward
(a) Residence, No. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Woodward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
69 6 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Dent Co Mo
13. NAME Roleigh Nickles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Nancy Robinet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) Frank Woodward Salem Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE at Herman Cem DATE June 23/38
19. FUNERAL DIRECTOR (ADDRESS) Carl K Spencer Salem Mo
20. FILED June 23 1938 J. E. Butler MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21/38 19
22. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to June 3 1938
I last saw her alive on June 3 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Arterio-sclerosis
Other contributory causes of importance:
Name of operation _____ Date of _____
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) J. E. Butler MD, M. D.
(Address) Salem, 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. WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD I X12004

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)