REC'D AUG 23 1938

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

Do not use this space.

File No. 25423

Registered No. 10

1. PLACE OF DEATH

County Harrison Registration District No. 336

Township Primary Registration District No. 4199

City Cainsville (No. Cainsville, Mo. St. Ward)

2. FULL NAME Harry L. Woodward, 313

(a) Residence, No. ~~Cainsville, Mo.~~ 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 27, 1900.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	2	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Supplys

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County Missouri. 0

FATHER

13. NAME Homer Woodward 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer County Missouri.

MOTHER

15. MAIDEN NAME Stella Bailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri.

17. INFORMANT (ADDRESS) Homer Woodward Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oaklawn Cemetery DATE August, 9, 1938

19. UNDERTAKER Eddie J. Stoklasa
(ADDRESS) Cainsville, Mo.

20. FILED 8-8, 1938 C E Odell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938 to Aug 7, 1938

I last saw him alive on Aug 7, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

	Date of onset
Chronic Myocarditis	
Recurrent for 2 yrs	

Other contributory causes of importance: 93C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) T. B. Duff, M. D.

(Address) Cainsville, MO.

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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.