

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

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

Do not use this space.

AUG 24 1938

25483

1. PLACE OF DEATH

County Howell Registration District No. 385
Township _____ Primary Registration District No. 4228
City Willow Springs (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Altha Orlanda Woods

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles W. Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13th, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
65 X 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Elmo (STATE OR COUNTRY) Mo.

MOTHER FATHER

13. NAME Levi Livengood

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

15. MAIDEN NAME Levina Neff

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

17. INFORMANT Mrs. Ray Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetary DATE July 5th, 1938

19. UNDERTAKER Burns & Son (ADDRESS) Willow Springs, Mo.

20. FILED 7-4 1938 Dorette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1938, to 7-2- 1938

I last saw her alive on 7-1- 1938 Death is said to have occurred on the date stated above, at 9:00P m.

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

Carcinoma of Uterus Date of onset 1937

Other contributory causes of importance: HBP

Name of operation None 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) W. J. Sullivan M. D.

(Address) Willow Springs, Mo

