

RECD SEP 21 1938

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

28749
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township _____ Primary Registration District No. 4150 Registered No. 25
(c) City Gallatin (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Verlinda Woods

(a) Residence, No. Gallatin, Mo. 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 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 Samuel T. Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 7

OCCUPATION 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. Own Home
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Pilot Point 1
(STATE OR COUNTRY) Texas

FATHER 13. NAME Joseph E. Weldon 0

14. BIRTHPLACE (CITY OR TOWN) Daviess Co., 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Lankford

16. BIRTHPLACE (CITY OR TOWN) Daviess Co.,
(STATE OR COUNTRY) Missouri

17. INFORMANT Samuel T. Woods
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Aug. 20, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co
(ADDRESS) Gallatin, Missouri

20. FILED Aug. 19, 1938 J. H. Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to Aug 17, 1938.
I last saw her alive on Aug 14, 1938. Death is said to have occurred on the date stated above, at 10:20 AM.
The principal cause of death was as follows:

Cerebral hemorrhage
Heart failure
951

Date of onset
8/17/38

Other contributory causes of importance:
Hypertensive Cardiovascular disease

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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?
If so, specify _____
(Signed) J. H. Hope, M. D.
(Address) Gallatin, 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.

DEC 6 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson, or by

Registered Apprentice No., working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

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.)

If this body is not embalmed, above space should be left blank.