

DEPT SFP 14 1938

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

Do not use this space.

29571

1. PLACE OF DEATH

County *New Madrid*Registration District No. *605*Township *Congo*Primary Registration District No. *4359*

City (No.)

St. Ward

2. FULL NAME

*Charlie Woodard**363*

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Black

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Clara Woodard

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

1895-4-11

7. AGE

YEARS

43

MONTHS

4

DAYS

2

If LESS than 1 day, hrs. or min.

OCCUPATION

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

farmer

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) (STATE OR COUNTRY)

Miss

FATHER

13. NAME

Alex Woodard

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

Miss

MOTHER

15. MAIDEN NAME

Mary Liza Marchant

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

Miss

17. INFORMANT (ADDRESS)

*Jack Woodard
malden mo RFD 2*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Broad Water* DATE *Aug 15* 19*38*

19. UNDERTAKER (ADDRESS)

*T.C. Knight
Paris mo*

20. FILED

8-15-38 Dr. Geo. W. Tuttle

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug-13 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from

Aug 12 19*38*, to *Aug 13* 19*38*I last saw him alive on *Aug 12* 19*38* Death is saidto have occurred on the date stated above, at *10:20 a.m.*

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

Cerebral Hemorrhage Aug 11

Date of onset

Other contributory causes of importance:

*High Blood Pressure*Name of operation *None* Date ofWhat test confirmed diagnosis? *Aut* 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

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) *Rayden C. Tuttle* M.D.(Address) *Malden*

1938
43
1895

1938-8-13
1895-4-11
43 4-2