

NOV 14 1938

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

Do not use this space.

36262

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
Township Mason Primary Registration District No. 3074 Registered No. 287
City Hannibal (No. Leveying Hospital) St. 6 Ward) _____

2. FULL NAME Lillian Woods

(a) Residence, No. 2414 Market St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 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 Oscar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-30-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 -

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

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

10. Data 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) Louisiana Mo

13. NAME George Dugan

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

15. MAIDEN NAME Ellen Jones

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

17. INFORMANT Mr Oscar Woods (ADDRESS) 2414 Market Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana Mo DATE 10-31-1938

19. UNDERTAKER James O'Connell (ADDRESS) Hannibal Mo

20. FILED Oct 31 1938 W. J. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29-1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to Oct 29 1938

I last saw him alive on Oct 29 1938 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Date of onset

Chronic Hypertension
gsc

Other contributory causes of importance:

Hypertension
stroke
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinal 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) Edward L. Murphy, M. D.

(Address) Hannibal Missouri

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.

