

NOV 23 1938

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

36394
Do not use this space.

1. PLACE OF DEATH

(a) County Newton
(b) Township Van Buren
(c) City

Registration District No. 6.12
Primary Registration District No. 5-8-14

Registered No.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fabian Traverse Woods

(a) Residence, No. Sarcoxie, Missouri, Route 1. St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Boucher Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 21, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 7 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. farming 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) Lawrence County Missouri

FATHER 13. NAME Joe B. Woods

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

MOTHER 15. MAIDEN NAME Sallie Brown

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

17. INFORMANT (ADDRESS) X Mrs L. Emma Broadway, Sarcoxie, Missouri, RRI

18. BURIAL CREATION (CITY OR TOWN) (STATE OR COUNTRY) Boucher Cemetery Sarcoxie, Missouri DATE October 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm C. Cole Sarcoxie, Missouri

20. FILED Oct 2, 1938 Grace Hudson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sarcoxie, Mo. on Sept 30, 1938. I last saw him alive on Sept 20, 1938. Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Chronic Nephritis
Arterio-sclerosis

Other contributory causes of importance:

Name of operation None Date of None
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Leroy Simons M. D. (Address) Sarcoxie, 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.

RECEIVED

District Health Officer No. 8

District File Number 6-38-497

Date Filed 11-7-38

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,

Glenn C. Cole

or by

Registered Apprentice No. ✓, working under my personal supervision.

Signed Glenn C. Cole

Licensed Embalmer No. 3708

P. O. Address Sarcox, Missouri

Fabian Traverso Woods

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.