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

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.

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

Do not use this space.

REC'D JAN 24 1939

1. PLACE OF DEATH

County Harrison — Registration District No. 334 — File No. 43199

Township Fox Creek — Primary Registration District No. 5868 — Registered No. 71

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Abraham Wooderson

(a) Residence, No. ..... St., ... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elista Wooderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 28 1879

7. AGE: YEARS 65 — MONTHS 2 — DAYS 13 — 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): Harrison Co

FATHER

13. NAME: James Allen Wooderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Kenne

MOTHER

15. MAIDEN NAME: Saint Kenne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Mrs Elista Wooderson, Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sharon — DATE: 12-12- 1938

19. UNDERTAKER (ADDRESS): Martin Funeral Home, Princeton Iowa

20. FILED 12-11 1938 A. L. Weisbrod, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1938, to Dec 10th, 1938
I last saw him alive on Dec 10th, 1938. Death is said to have occurred on the date stated above, at 3:00 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	7/1/37

Other contributory causes of importance: 4 b

Name of operation ..... Date of .....
What test confirmed diagnosis? No test 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? No
If so, specify .....
(Signed) C J Sellers, M. D.
(Address) Mt Moriah Mo