

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**

21446
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
 (b) Township Butterfield Primary Registration District No. 6240 Registered No. 20
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

363 Nicholas Lee Woodward
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1862
 7. AGE YEARS 77 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 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. Farmer
 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) Missouri

FATHER 13. NAME Samuel Woodward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Pracie Fly

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

17. INFORMANT (ADDRESS) Hannie Weaver
Butterfield mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Co. DATE June 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheaton mo

20. FILED June 12, 1939 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939

22. I HEREBY CERTIFY that I attended deceased from July 2, 1938 to June 8, 1939
 last saw him alive on July 7, 1939 Death is said to have occurred on the date stated above, at 6:20 P. m.

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

Coronary Thrombosis
946
 Date of onset 6-8-39

Other contributory causes of importance:
arteriosclerosis
chronic alcoholism

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Joe Baird

(Address) Wheaton mo

RECEIVED

District Health Officer No. 6,

District File Number 739-1325

Date Filed JUL 5 1939

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.