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.

REC'D AUG 14 1939

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

3

25663
Do not use this space.

1. PLACE OF DEATH
(a) County Greene 1 Registration District No. 318
(b) Township N Campbell Primary Registration District No. 5439 Registered No. 542
(c) City Springfield (d) Street No. Greene County Farm 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 320 Noah Oliver Woods
(a) Residence, No. Ash Grove Mo St. Ash Grove Missouri
(Usual place of abode, if no street address, write county or city) (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Harp Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-3-1878

7. AGE: Years 61 Months 2 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as 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) Christian County Mo. 0

FATHER
13. NAME Jackson Woods 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Ella Ann Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co Missouri

17. INFORMANT (ADDRESS) Lula Woods Ash Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kelley DATE July-7 1939

19. FUNERAL DIRECTOR (ADDRESS) Brown's Funeral Service Ash Grove Missouri

20. FILED July 6 1939 Chas A George MD Local Registrar 210

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-5 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1939, to 7-5, 1939. I last saw him alive on 7-1, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Lung	1938
47	
Other contributory causes of importance:	
Nephritis, Chronic	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) E. C. Mullinix, M. D.
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Geneva Brown, Licensed Embalmer No. 2664

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geneva Brown

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)