

DEC 21 1939

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

39799
Do not use this space.

1. PLACE OF DEATH
 (a) County Howard Registration District No. 379
 (b) Township Chariton Primary Registration District No. 4223
 (c) City Glasgow (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred about 50 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Woods
 (a) Residence, No. Gerson, Mo. 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 Female
 4. COLOR OR RACE Black
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Woods
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) October 1939
 11. Total time (years) spent in this occupation 30
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known?
 13. NAME Not Known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 17. INFORMANT (ADDRESS) Mrs. Sally Jenkins Glasgow Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE Nov. 5 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Helen J. Freeman Glasgow Mo.
 20. FILED Nov 6 1939 John Gardner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct, 1939, to Nov, 1939.
 I last saw him alive on Nov 3, 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Malignant of Rectum
 Date of onset _____
 Other contributory causes of importance: 46
 Name of operation Dupuy Date of _____
 What test confirmed diagnosis? Micro 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 _____, 1939.
 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) W. H. ... M. D.
 (Address) Glasgow Mo

N. B.—Every item of information should be carefully classified. 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.

