

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3597
Registrar's No. 7

Registration District No. 775

Primary Registration District No. 6070-A

1. PLACE OF DEATH:

(a) County St. Francois FILED FEB 12 1940
(b) City or town Bonne Terre
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Alonzo L. Woodside
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Eunice Woodside 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 10 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant Retired

11. Industry or business Lead mines

MOTHER FATHER
12. Name Wm. C. Woodside
13. Birthplace Penn.
14. Maiden name Jane Arnold
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Heath Woodside

(b) Address Bonne Terre

17. (a) Burial (b) Date thereof Jan 14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre

18. (a) Signature of funeral director C. T. Bayer
(b) Address Dealose 2070. 6115

19. (a) 1-13-40 (b) J. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
year 1940 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 1933, to 1-11-1940;
that I last saw him alive on 1-11-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal vascular disease Duration _____
Due to _____
Due to _____

Other conditions Hypertension; chronic myocarditis
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Heath Woodside (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 1-12-40

WHILE I REMAIN USE CONTAINING DEATH IN WHERE 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.

1 X 1931

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 C. J. Bager.
Licensed Embalmer No. 1671
P. O. Address Deerfield MO.

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.