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.

FILED JUL 1

FILED JUL 1

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

Do not use this space.

21881

1. PLACE OF DEATH
County Howard
Township Burton
City ..... (No. ..... St. ..... Ward)

2 Registration District No. 378
Primary Registration District No. 55-28

File No. .....
Registered No. 49

2. FULL NAME 370 Nellie Woods
(a) Residence, No. Armstrong Mo RFD Sta. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Female
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 Owen Woods

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	4	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Howard Co Mo

FATHER
13. NAME John Thurman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Stella Cloyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Leslie Thurman Fayette Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon Center DATE June 21 1940

19. UNDERTAKER (ADDRESS) A.H. Oldaker 225 Armstrong Mo

20. FILED July 8 1940 Mrs. V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19th 1940

22. I HEREBY CERTIFY, That I attended deceased from June 19 1940 to ....., 19....
Last saw her alive on June 19, 1940 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/19/40

Other contributory causes of importance: 82 W

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical 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) W. M. Dickerson, M. D.
(Address) Armstrong Mo

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 7-15-40

JUN 24 1992