

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

Do not use this space.

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FILED SEP 10 1941

1. PLACE OF DEATH

County Platte Registration District No. 691
Township Pelles Primary Registration District No. 5922
City (No. _____) St. _____ Ward _____

2. FULL NAME Emma Woodson Day

(a) Residence, No. Parkeville St. Route 2 Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ohio

FATHER 13. NAME John S. Woodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V. 9

17. INFORMANT (ADDRESS) Helen Day Emma Parkeville Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park, K.C. DATE Aug 12 1941

19. UNDERTAKER (ADDRESS) Engelhardt Parkeville Mo.

20. FILED 8-26-41 S. D. Ford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-41, 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1941 to Aug 9, 1941

I last saw her alive on Aug 8, 1941. Death is said to have occurred on the date stated above, at 1 P. m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: 13A

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 _____, 1941

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) J. Shadenwood, M. D.

(Address) Parkeville

DEA

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1972